

<i>SERFF Tracking Number:</i>	<i>CHUB-126766728</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federal Insurance Company</i>	<i>State Tracking Number:</i>	<i>46554</i>
<i>Company Tracking Number:</i>	<i>10 AP-5 F</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>Study Abroad</i>		
<i>Project Name/Number:</i>	<i>Study Abroad/10-AP-5 F</i>		

Filing at a Glance

Company: Federal Insurance Company

Product Name: Study Abroad

TOI: H19G Group Health - Travel

Sub-TOI: H19G.000 Health - Travel

Filing Type: Form

SERFF Tr Num: CHUB-126766728 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46554

Co Tr Num: 10 AP-5 F

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Diana Cardone, Susan
Leonard

Disposition Date: 09/03/2010

Date Submitted: 08/19/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Study Abroad

Project Number: 10-AP-5 F

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/03/2010

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Blanket

Explanation for Other Group Market Type:

State Status Changed: 09/03/2010

Created By: Susan Leonard

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Diana Cardone

Filing Description:

On behalf of Federal Insurance Company, the attached group filing is intended to be sold to students and faculty who are traveling abroad to study. The forms for your review and approval.

The product will be marketed to colleges, and universities that offer programs for studying abroad. . The policy benefits for loss incurred while traveling outside the United States to study. It provides accidental death and dismemberment benefits, accident and medical benefits for both sickness and injury. It also includes loss of baggage benefits. as well as trip interruption and cancellation benefits The benefits do not exceed a stated dollar amount per trip

SERFF Tracking Number: CHUB-126766728 State: Arkansas
Filing Company: Federal Insurance Company State Tracking Number: 46554
Company Tracking Number: 10 AP-5 F
TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel
Product Name: Study Abroad
Project Name/Number: Study Abroad/10-AP-5 F

Bracketed language is either included or deleted.

This is a new filing for Federal Insurance Company and no forms are replaced by this filing.

Company and Contact

Filing Contact Information

Fran Muldoon, Manager - CPI State Filings fmuldoon@chubb.com
Dept.
202 Hall's Mill Rd. 908-572-2875 [Phone]
P.O. Box 1600 908-572-4034 [FAX]
Whitehouse Station, NJ 08889-9977

Filing Company Information

Federal Insurance Company	CoCode: 20281	State of Domicile: Indiana
202 Hall's Mill Road	Group Code: 38	Company Type:
P.O. Box 1650	Group Name:	State ID Number:
Whitehouse Station, NJ 08889-1650	FEIN Number: 13-1963496	
(908) 572-4422 ext. [Phone]		

Filing Fees

Fee Required? Yes
Fee Amount: \$140.00
Retaliatory? Yes
Fee Explanation: Arkansas charges \$50.00 for a all inclusive filing.

Indiana the domicile state charges \$35.00 per form, therefore their fee prevails.

4 Forms @\$35.00 = \$140.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federal Insurance Company	\$140.00	08/19/2010	38888303
Federal Insurance Company	\$60.00	09/02/2010	39192427

SERFF Tracking Number: CHUB-126766728
Filing Company: Federal Insurance Company
Company Tracking Number: 10 AP-5 F
TOI: H19G Group Health - Travel
Product Name: Study Abroad
Project Name/Number: Study Abroad/10-AP-5 F

State: Arkansas
State Tracking Number: 46554
Sub-TOI: H19G.000 Health - Travel

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/03/2010	09/03/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/02/2010	09/02/2010	Diana Cardone	09/02/2010	09/02/2010
Pending Industry Response	Rosalind Minor	09/01/2010	09/01/2010	Diana Cardone	09/02/2010	09/02/2010

SERFF Tracking Number: CHUB-126766728

State: Arkansas

Filing Company: Federal Insurance Company

State Tracking Number: 46554

Company Tracking Number: 10 AP-5 F

TOI: H19G Group Health - Travel

Sub-TOI: H19G.000 Health - Travel

Product Name: Study Abroad

Project Name/Number: Study Abroad/10-AP-5 F

Disposition

Disposition Date: 09/03/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CHUB-126766728</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federal Insurance Company</i>	<i>State Tracking Number:</i>	<i>46554</i>
<i>Company Tracking Number:</i>	<i>10 AP-5 F</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>Study Abroad</i>		
<i>Project Name/Number:</i>	<i>Study Abroad/10-AP-5 F</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form (revised)	Study Abroad Policy	Approved-Closed	Yes
Form	Study Abroad Policy	Replaced	Yes
Form	Study Abroad Description of Coverage	Approved-Closed	Yes
Form	Endorsements Administrative	Approved-Closed	Yes
Form	Group Application	Approved-Closed	Yes

<i>SERFF Tracking Number:</i>	<i>CHUB-126766728</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federal Insurance Company</i>	<i>State Tracking Number:</i>	<i>46554</i>
<i>Company Tracking Number:</i>	<i>10 AP-5 F</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>Study Abroad</i>		
<i>Project Name/Number:</i>	<i>Study Abroad/10-AP-5 F</i>		

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/02/2010

Submitted Date 09/02/2010

Respond By Date

Dear Fran Muldoon,

 This will acknowledge receipt of the captioned filing.

Objection 1

 - Study Abroad Policy, SSA 5000 (Form)

Comment:

With respect to the Arbitration language, please confirm that you would not allow "Binding Arbitration". Arkansas does not allow "Binding Arbitration". Refer to ACA 23-79-203.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number:	CHUB-126766728	State:	Arkansas
Filing Company:	Federal Insurance Company	State Tracking Number:	46554
Company Tracking Number:	10 AP-5 F		
TOI:	H19G Group Health - Travel	Sub-TOI:	H19G.000 Health - Travel
Product Name:	Study Abroad		
Project Name/Number:	Study Abroad/10-AP-5 F		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/02/2010
Submitted Date	09/02/2010

Dear Rosalind Minor,

Comments:

9/2/10

This is in reply to your 9/2/10 Objection Letter.

Response 1

Comments: 9/2/10

We understand that binding arbitration is not permitted and we will not allow binding arbitration. The arbitration paragraph has been modified.

Related Objection 1

Applies To:

- Study Abroad Policy, SSA 5000 (Form)

Comment:

With respect to the Arbitration language, please confirm that you would not allow "Binding Arbitration". Arkansas does not allow "Binding Arbitration". Refer to ACA 23-79-203.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Study Abroad Policy	SSA 5000		Policy/Contract/Fraternal	Initial		60.000	Policy 9-2-

<i>SERFF Tracking Number:</i>	<i>CHUB-126766728</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federal Insurance Company</i>	<i>State Tracking Number:</i>	<i>46554</i>
<i>Company Tracking Number:</i>	<i>10 AP-5 F</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>Study Abroad</i>		
<i>Project Name/Number:</i>	<i>Study Abroad/10-AP-5 F</i>		

Certificate: Amendment,
Insert Page, Endorsement
or Rider 10.pdf

Previous Version

<i>Study Abroad Policy</i>	<i>SSA 5000</i>	<i>Policy/Contract/Fraternal Initial</i>	<i>60.000</i>	<i>Study</i>
		<i>Certificate: Amendment,</i>		<i>Abroad -</i>
		<i>Insert Page, Endorsement</i>		<i>new</i>
		<i>or Rider</i>		<i>policyArka</i>
				<i>nsas.pdf</i>

No Rate/Rule Schedule items changed.

9-2-10

We trust that this information will be found satisfactory with the DOI and will enable you to continue your review of this program.

Should you need any additional information, please do not hesitate to contact me at 908-572-2872 or dcardone@chubb.com or via the SERFF Messageboard.

Regards, Diana

Sincerely,
Diana Cardone, Susan Leonard

<i>SERFF Tracking Number:</i>	<i>CHUB-126766728</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federal Insurance Company</i>	<i>State Tracking Number:</i>	<i>46554</i>
<i>Company Tracking Number:</i>	<i>10 AP-5 F</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>Study Abroad</i>		
<i>Project Name/Number:</i>	<i>Study Abroad/10-AP-5 F</i>		

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/01/2010

Submitted Date 09/01/2010

Respond By Date

Dear Fran Muldoon,

 This will acknowledge receipt of the captioned filing.

Objection 1

- Study Abroad Policy, SSA 5000 (Form)
- Study Abroad Description of Coverage, SSA 5000 DOC (Form)
- Endorsements Administrative , SSA1001 (Form)
- Group Application , SSA 3000 (Ed 7 10) (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$200.00. Please submit an additional \$60.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

<i>SERFF Tracking Number:</i>	<i>CHUB-126766728</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federal Insurance Company</i>	<i>State Tracking Number:</i>	<i>46554</i>
<i>Company Tracking Number:</i>	<i>10 AP-5 F</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>Study Abroad</i>		
<i>Project Name/Number:</i>	<i>Study Abroad/10-AP-5 F</i>		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/02/2010
Submitted Date	09/02/2010

Dear Rosalind Minor,

Comments:

9/2/10

We are sorry for any inconvenience this error may have caused. We have submitted the additional \$60. via EFT.

Response 1

Comments: We have submitted the \$60. via EFT

Related Objection 1

Applies To:

- Study Abroad Policy, SSA 5000 (Form)
- Study Abroad Description of Coverage, SSA 5000 DOC (Form)
- Endorsements Administrative , SSA1001 (Form)
- Group Application , SSA 3000 (Ed 7 10) (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$200.00. Please submit an additional \$60.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

<i>SERFF Tracking Number:</i>	<i>CHUB-126766728</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federal Insurance Company</i>	<i>State Tracking Number:</i>	<i>46554</i>
<i>Company Tracking Number:</i>	<i>10 AP-5 F</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>Study Abroad</i>		
<i>Project Name/Number:</i>	<i>Study Abroad/10-AP-5 F</i>		

No Rate/Rule Schedule items changed.

9/2/10

Thank you for bringing this to my attention. Regards, Diana Cardone

908-572-2872

dcardone@chubb.com

Sincerely,

Diana Cardone, Susan Leonard

SERFF Tracking Number: CHUB-126766728 State: Arkansas
Filing Company: Federal Insurance Company State Tracking Number: 46554
Company Tracking Number: 10 AP-5 F
TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel
Product Name: Study Abroad
Project Name/Number: Study Abroad/10-AP-5 F

Form Schedule

Lead Form Number: SSA 5000

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/03/2010	SSA 5000	Policy/Cont Study Abroad Policy ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		60.000	Policy 9-2-10.pdf
Approved-Closed 09/03/2010	SSA 5000 DOC	Policy/Cont Study Abroad ract/Fratern Description of al Coverage Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	Student Study Abroad DOC Arkansas .pdf
Approved-Closed 09/03/2010	SSA1001	Policy/Cont Endorsements ract/Fratern Administrative al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		60.000	Endorsement Administrative or Policy Change .pdf
Approved-Closed 09/03/2010	SSA 3000 (Ed 7 10)	Application/ Group Application Enrollment Form	Initial		60.000	Group Application SSA 3000 _ED 7 2010_

<i>SERFF Tracking Number:</i>	<i>CHUB-126766728</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federal Insurance Company</i>	<i>State Tracking Number:</i>	<i>46554</i>
<i>Company Tracking Number:</i>	<i>10 AP-5 F</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>Study Abroad</i>		
<i>Project Name/Number:</i>	<i>Study Abroad/10-AP-5 F</i>		

.pdf



Study Abroad
Insurance Program
Issued by
Federal Insurance Company

for

University of XXX

[Producer: XYZ, Inc.]
[123 Any Street]
[Any town, Any State]
[Attn: John Smith]

Chubb Underwriting Office: [Federal Insurance Company]
[15 Mountain View Road]
[P O BOX 1615]
[Warren, New Jersey 07061-1615]

*Words and phrases that appear in **bold** print have special meanings and are defined in the Definitions section(s) of this policy. Defined terms include the plural.*

*Throughout this policy the words "**We**", "**Us**" and "**Our**" refer to the **Company** providing this insurance.*

PLEASE READ THIS POLICY CAREFULLY

SSA5000

TABLE OF CONTENTS

Insuring Agreement	3
Premium Summary	4
Schedule of Benefits.....	5
Hazards	10
Contract.....	11
Section I – Insurance.....	11
Section II – Eligibility, Effective Date and Termination	18
Section III - Extensions Of Insurance	18
Section IV - Maximum Payment for Multiple Losses and Multiple Benefits	19
Section V – General Exclusions and Limitations	20
Section VI – Definitions.....	22
Section VII – General Provisions	32

SSA5001

INSURING AGREEMENT

Section I

Chubb Group of Insurance Companies
15 Mountain View Road, P.O. Box 1615
Warren, New Jersey 07061-1615

Policyholder's Name and Address:

[University of XXX]
[123 Main Street]
[PO Box 123245]
[Town, State, USA]

Policy Number: [1234-56 - 7890]

Effective Date: [01 - 01 - 2010]

Anniversary Date: [January 1]

*Issued by the stock insurance company
indicated below:*

FEDERAL INSURANCE COMPANY

Incorporated under the laws of
INDIANA

SSA5002

Section II Policy Period and Company

Policy Period

From: [01 - 01 - 2010]

To: [01-01-2011]

12:01 A.M. standard time at the **Policyholder's** address shown in Section I of the Insuring Agreement.

This insurance is provided by the **Company** in consideration of payment of the required premium.

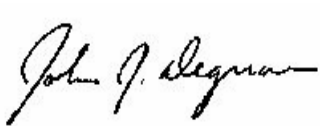
The insurance under this policy begins on the Effective Date shown in Section I of the Insuring Agreement. The insurance under this policy ends on the last day of the Policy Period shown in Section II of the Insuring Agreement.

The **Policyholder's** acceptance of this policy terminates any prior policy of the same policy number, effective with the inception of this policy.

Company

The **Company** issuing this policy has caused this policy to be signed by its authorized officers, but this policy shall not be valid unless also signed by a duly authorized representative of the **Company**.

FEDERAL INSURANCE COMPANY (Incorporated under the laws of Indiana)



[
President



Secretary



Authorized Representative

]

[Countersigned by :

Licensed Resident Agent]

SSA5004

PREMIUM SUMMARY

Section I - Premium Due Date

[01 -01 - 2002]

Section II - Premium Payment

The **Policyholder** shown in Section I of the Insuring Agreement is responsible for the collection and remittance of all required premiums. Premiums are calculated and payable as follows:

[STUDY ABROAD INSURANCE]

Amount Due: [\$500][per **Insured Person** per] [semester] [month] [week] [trip]

Any premiums shown as subject to adjustment will be adjusted as stated in the Premium Provisions under Section VII - General Provisions of the Contract

SSA5006

SCHEDULE OF BENEFITS

Policyholder's Name:
[University of XXX]

*Chubb Group of Insurance Companies
15 Mountain View Road, P.O. Box 1615
Warren, New Jersey 07061-1615*

*Issued by the stock insurance company
indicated below:*
FEDERAL INSURANCE COMPANY
Incorporated under the laws of
INDIANA

SSA6000

Section I – Insured Persons and Hazards

The following are the **Insured Persons** under this policy:

<u>Class</u>	<u>Description</u>	<u>Hazard</u>
[1]	[All faculty members and students]	[Study Abroad Hazard]
[2]	[All faculty members and students]	[Home Leave Hazard]

SSA6002

If, subject to all the terms and conditions of this policy a person is eligible for insurance under multiple **Classes** of **Insured Persons** described above, then such person will only be insured under the **Class** which provides the **Insured Person** the largest **Benefit Amount** for the loss that has occurred.

SSA6004

Section II – Benefits

A) **Accidental** Death & Dismemberment

The following are **Principal Sums** for each **Class**:

Class	Principal Sum
[1]	[\$25,000]
[2]	[\$10,000]

The following are **Losses** insured and the corresponding **Benefit Amount** expressed as a percentage of the **Principal Sum**:

Accidental:	Benefits Amounts (Percentage of Principal Sum)
Loss of Life	[100%]
Loss of Speech and Loss of Hearing	[100%]
Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	[100%]
Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	[100%]
Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	[100%]
Loss of Hand, Loss of Foot or Loss of Sight of One Eye (Any one of each)	[50%]
Loss of Speech or Loss of Hearing	[50%]
Loss of Thumb and Index Finger of the same hand	[25%]

This **Benefit Amount** is subject to Section IV – Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.
SSA6016

If an **Insured Person** has multiple **Losses** as the result of one **Accident**, then **We** will pay only the single largest **Benefit Amount** applicable to the **Losses** suffered, as described in Section IV - Maximum Payment For Multiple Losses and Multiple Benefits and Multiple Benefits of the Contract.
SSA6018

If more than one (1) **Insured Person** suffers a **Loss** in the same **Accident**, then **We** will not pay more than [\$2,000,000] per **Accident**. If an **Accident** results in **Benefit Amounts** becoming payable, which when totaled, exceed [\$2,000,000] then the [\$2,000,000] will be divided proportionally among the **Insured Persons**, based on each applicable **Benefit Amount**.
SSA6088

B) Medical Expense Benefits

[Medical Expense during Study Abroad

[Class] [1]

Maximum **Benefit Amount:** [\$500,000]

[Deductible:] [\$100]

[Coinsurance Percentage:	Company:	Insured Person:
[First \$25,000 of Medical Expenses]	[100%]	[0%]
[Remaining Medical Expenses up to the Maximum Benefit Amount:]	[75%]	[25%]]

[Chiropractic Maximum **Benefit Amount:**] [[\$50 per visit not to exceed [10] visits per Sickness or Accidental Bodily Injury]

[Dental Maximum **Benefit Amount:**] [\$1,000]

[Mental or Nervous Condition Maximum **Benefit Amount:**] [\$1,000]

[Orthopedic Appliance Maximum **Benefit Amount:**] [\$1,000]

[Physical Therapy Maximum **Benefit Amount:**] [\$1,000]

[Prescription Drugs Maximum **Benefit Amount:**] [\$1,000]

[Transportation Maximum **Benefit Amount:**] [\$1,000]

[The **Benefit Amounts** shown above for Chiropractic, Dental, Mental or Nervous Condition, Orthopedic Appliance, Physical Therapy, Prescription Drugs and Transportation are part of, and not in addition to, the Maximum **Benefit Amount** for **Medical Expense**. Payment of these **Benefit Amounts** reduces and does not increase the **Benefit Amount** for **Medical Expense**.]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

SSA6039]

[Evacuation and Repatriation during Study Abroad

[Class] [1]

Maximum **Benefit Amount:** [100%] of the Covered Expenses

Benefit Amount for Hospital Admission Guaranty: [\$5,000]

Benefit Amount for Family Travel Expense:

Maximum per Day: [\$300]

Maximum Number of Days: [7]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

SSA6056

[Accident Medical Expense during Home Leave

[Class] [2]

Maximum **Benefit Amount:** [\$10,000]

[Deductible:] [\$100]

[Coinsurance Percentage:	Company:	Insured Person:
[First \$25,000 of Medical Expenses]	[100%]	[0%]
[Remaining Medical Expenses up to the Maximum Benefit Amount:]	[75%]	[25%]]

[Chiropractic Maximum **Benefit Amount:**] [[\$50 per visit not to exceed [5] visits per **Accidental Bodily Injury**]

[Dental Maximum **Benefit Amount:**] [\$1,000]

[Mental or Nervous Condition Maximum **Benefit Amount:**] [\$1,000]

[Orthopedic Appliance Maximum **Benefit Amount:**] [\$1,000]

[Physical Therapy Maximum **Benefit Amount:**] [\$1,000]

[Prescription Drugs Maximum **Benefit Amount:**] [\$1,000]

[Transportation Maximum **Benefit Amount:**] [\$1,000]

[The **Benefit Amounts** shown above for Chiropractic, Dental, Mental or Nervous Condition, Orthopedic Appliance, Physical Therapy, Prescription Drugs and Transportation are part of, and not in addition to, the **Benefit Amount** for **Excess Accident Medical Expense**. Payment of these **Benefit Amounts** reduces and does not increase the **Benefit Amount** for **Excess Accident Medical Expense**.]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

SSA6040]

C) Additional Benefits

[Baggage Delay during Study Abroad

[Class] [1]

Daily **Benefit Amount:** [\$100]

Maximum Number of Days: [5]

[Maximum **Benefit Amount:** [\$1,500]]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

SSA6092]

[Lost Checked Baggage during Study Abroad

[Class] [1]

Lost **Checked Baggage Benefit Amount:** [\$1,500]

[Jewelry and watches: [\$250]]

[Cameras, video recorders, digital, and other electronic equipment and their accessories: [\$250]]

[Computers and computer accessories: [\$1,000]]

[Prescription eye glasses and contact lenses: [\$500]]

[Maximum **Benefit Amount:** [\$1,500]]

[The **Benefit Amount** shown above for [Jewelry and watches] [Cameras, video recorders and other electronic equipment and accessories] [and] [Computers and computer accessories] are part of, and not in addition to, the **Benefit Amount** for **Checked Baggage** during **Study Abroad**.]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.
SSA6094]

[Study Abroad Cancellation

[Class] [1]

Benefit Amount: [\$5,000]]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.
SSA6096]

[Study Abroad Interruption

[Class] [1]

Benefit Amount: [\$5,000]]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.
SSA6098]

[Study Abroad Interruption Ticket Reimbursement

[Class] [1]

Benefit Amount: [\$1,000]]

Maximum **Benefit Amount:** [\$2,000]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.
SSA6100]

Insurance only applies for the **Classes, Hazards, Benefits** and **Losses** that are specifically indicated as insured.
SSA6090

HAZARDS

Study Abroad Hazard

Study Abroad Hazard means all circumstances, subject to the terms and conditions of this policy, arising from and occurring while an **Insured Person** is participating in a **Study Abroad** program.

SSA5542

[Home Leave Hazard

Home Leave **Hazard** means all circumstances, subject to the terms and conditions of this policy, arising from and occurring while an **Insured Person** is:

- 1) traveling back to the United States when such **Insured Person** is **Studying Abroad**;
- 2) traveling from the United States back to the country in which the **Insured Person** is **Studying Abroad**; and
- 3) temporarily in the United States while on break from **Studying Abroad**.

Home Leave is subject to a maximum of [thirty (30)] consecutive days.

SSA5544]

CONTRACT

SECTION I - INSURANCE

Subject to all the terms and conditions of this policy and the payment of required premium, **We** will provide the following insurance.

Accidental Death and Dismemberment

We will pay the applicable **Benefit Amount**, shown in Section II-A of the Schedule of Benefits, if an **Accident** results in a covered **Loss** not otherwise excluded. The **Accident** must result from an insured **Hazard** and occur while an **Insured Person** is insured under this policy, while it is in force. The covered **Loss** must occur within one (1) year after the **Accident**.

SSA5010

[Accident Medical Expense during Home Leave]

We will reimburse up to the **Benefit Amount** for **Accident Medical Expense** during Home Leave, shown in Section II-B of the Schedule of Benefits, if **Accidental Bodily Injury** causes an **Insured Person** to first incur **Medical Expenses** for care and treatment within [thirty (30) days] after an **Accident**. The **Benefit Amount** for **Accident Medical Expense** during Home Leave is payable only for **Medical Expenses** incurred while the individual is an **Insured Person** under this policy.

[The **Benefit Amount** for **Accident Medical Expense** during Home Leave is payable on an excess basis.] **We** will determine the **Reasonable and Customary Charge** for the covered **Medical Expense**. [We will then reduce that amount by amounts already paid or payable by any **Other Plan**.] **We** will pay the resulting amount, [less the deductible] [and] [at the coinsurance percentage shown in Section II-B of the Schedule of Benefits] for **Accident Medical Expense** during Home Leave. In no event will **We** pay more than the **Benefit Amount** for **Accident Medical Expense** during Home Leave shown in Section II-B of the Schedule of Benefits. The deductible, shown in Section II-B of the Schedule of Benefits, applies separately to each **Insured Person** and each **Accident**.

The **Benefit Amount** for **Accident Medical Expense** during Home Leave is payable in addition to any other applicable **Benefit Amounts** under this policy.

[Payment of the **Benefit Amount** for **Accident Medical Expense** during Home Leave is subject to the following:

[Chiropractic Benefit Amount]

If, due to an **Accidental Bodily Injury**, an **Insured Person** requires chiropractic treatment, then **Our** payment for such treatment will not exceed the Chiropractic Maximum **Benefit Amount** shown in Section II-B of the Schedule of Benefits.]

[Dental Benefit Amount]

If, due to an **Accidental Bodily Injury**, an **Insured Person** requires dental care and treatment, then **Our** payment for such dental care and treatment will not exceed the Dental Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Mental or Nervous Condition Benefit Amount]

If, due to an **Accidental Bodily Injury**, an **Insured Person** requires treatment for a mental or nervous condition, then **Our** payment for such treatment will not exceed the Mental or Nervous Condition Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Orthopedic Appliance **Benefit Amount**

If, due to an **Accidental Bodily Injury**, an **Insured Person** is not **Hospital** confined and requires orthopedic appliances or braces, then **Our** payment for such appliances or braces will not exceed the Orthopedic Appliance Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Physical Therapy **Benefit Amount**

If, due to an **Accidental Bodily Injury**, an **Insured Person** is not **Hospital** confined and requires diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage or any form of physical therapy by a licensed physical therapist, then **Our** payment for such therapy will not exceed the Physical Therapy Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Prescription Drugs **Benefit Amount**

If, due to an **Accidental Bodily Injury**, an **Insured Person** requires prescription drugs, then **Our** payment for such prescription drugs will not exceed the Prescription Drugs Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Transportation **Benefit Amount**

If, due to an **Accidental Bodily Injury**, an **Insured Person** requires transportation to the nearest location where appropriate medical care and treatment can be provided, then **Our** payment for transportation expenses, including ambulance expenses, will not exceed the Transportation Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

In no event will **Our** total payment for an **Insured Person's** [chiropractic treatment,] [dental care and treatment,] [mental or nervous condition treatment,] [orthopedic appliances,] [physical therapy,] [prescription drugs,] [transportation] [and] **Medical Expense** exceed the **Benefit Amount** for **Accident Medical Expense** during Home Leave shown in Section II-B of the Schedule of Benefits.]

Limitation on **Accident Medical Expense** during Home Leave

The **Benefit Amount** for Excess **Accident Medical Expense** does not apply to charges and services:

- 1) for which an **Insured Person** has no obligation to pay;
- 2) for any injury where worker's compensation benefits, occupational injury benefits or Motor Vehicle Financial Responsibility law benefits are payable;
- 3) for treatment by a person employed or retained by the **Policyholder**;
- 4) for any injury occurring while fighting, except in self-defense;
- 5) for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice; or
- 6) for treatment involving conditions caused by **Repetitive Motion Injuries**, or cumulative trauma and not as the result of an **Accidental Bodily Injury**.

This insurance applies only to **Medically Necessary** charges and services.

SSA5030]

[Baggage Delay during Study Abroad

In the event of a **Baggage Delay** of [twelve (12) full hours], **We** will reimburse the **Insured Person** up to the **Baggage Delay** during **Study Abroad Daily Benefit Amount** shown in Section II-C of the Schedule of

Benefits. For each additional full twenty-four hour period that the **Insured Person's** baggage is delayed beyond the initial **Baggage Delay** of [twelve (12) full hours], **We** will reimburse up to the **Baggage Delay** during **Study Abroad** Daily **Benefit Amount** shown in Section II-C of the Schedule of Benefits. **Our** payment is limited to expenses incurred for the emergency purchase of essential items needed by the **Insured Person** while **Studying Abroad**. In no event will we reimburse for:

- 1) any expenses incurred after the baggage is returned to the **Insured Person**;
- 2) more than the Maximum Number of Days shown in Section II-C of the Schedule of Benefits for any single **Baggage Delay** claim; or
- 3) any expenses incurred in the United States.

Essential items not covered by the **Baggage Delay** during **Study Abroad** Benefit include:

- 1) contact lenses, eyeglasses or hearing aids;
- 2) artificial teeth, dental bridges or prosthetic devices;
- 3) tickets, documents, money, securities, checks, travelers checks, passports and other valuable papers.

We will not pay more than the Maximum **Benefit Amount** for **Baggage Delay** during **Study Abroad**, shown in Section II-C of the Schedule of Benefits, in any **Study Abroad** program period regardless of the number of **Baggage Delay** claims incurred in that period.

[The **Baggage Delay** during **Study Abroad** Benefit is excess of all other valid and collectible insurance.]
SSA5013]

[Evacuation and Repatriation during Study Abroad

A. Medical Evacuation or Repatriation

If an **Insured Person's** **Accidental Bodily Injury** or **Sickness** occurs while the **Insured Person** is **Studying Abroad** and requires the **Medical Evacuation** or **Repatriation** of the **Insured Person**, then **We** will pay the **Covered Expenses** for such **Medical Evacuation** or **Repatriation** up to the Maximum **Benefit Amount** for Evacuation and **Repatriation** during **Study Abroad**, shown in Section II-B of the Schedule of Benefits.

The **Medical Evacuation** or **Repatriation** must be ordered by a **Physician**, who certifies that the **Medical Evacuation** or **Repatriation** is necessary to prevent death or serious deterioration of the **Insured Person's** medical condition. The **Medical Evacuation** or **Repatriation** must be approved and arranged by **Our Assistance Services Administrator**.

B. Security Evacuation

If an **Insured Person** is **Studying Abroad** and requires a **Security Evacuation** then **We** will pay the **Covered Expenses** up to the Maximum **Benefit Amount** for Evacuation and **Repatriation** during **Study Abroad**, shown in Section II-B of the Schedule of Benefits. All arrangements must be approved and arranged by **Our Assistance Services Administrator**. **Security Evacuation** Expenses are not payable if an **Insured Person** is traveling in Iraq or Afghanistan.

C. Natural Disaster Evacuation

If an **Insured Person** is **Studying Abroad** and a **Natural Disaster** occurs in the area of the country in which such **Insured Person** is **Studying Abroad**, then **We** will pay the **Covered Expenses** up to the Maximum **Benefit Amount** for Evacuation and **Repatriation** during **Study Abroad**, shown in Section II-B of the Schedule of Benefits. All arrangements must be approved and arranged by **Our Assistance Services Administrator**.

D. Hospital Admission Guaranty

If an **Insured Person's Accidental Bodily Injury** or **Sickness** occurs while the **Insured Person** is **Studying Abroad** and requires **Emergency Medical Treatment**, then **We** will guarantee payment of the **Hospital Admission Guaranty** incurred for such **Emergency Medical Treatment** up to the **Benefit Amount** for **Hospital Admission Guaranty**, shown in Section II-B of the Schedule of Benefits. The **Assistance Services Administrator** must approve the **Hospital Admission Guaranty**.

E. Family Travel Expense

If an **Insured Person**:

- 1) suffers **Accidental Bodily Injury** or **Sickness** while **Studying Abroad** which requires a **Hospital** stay of more than [three (3)] days; or
- 2) is a victim of a **Felonious Assault** while **Studying Abroad**,

then **We** will pay the **Benefit Amount** for **Family Travel Expense**, shown in Section II-B of the Schedule of Benefits, if all of the following conditions are met:

- 1) All transportation arrangements for an **Immediate Family Member** are made by **Our Assistance Services Administrator** and are by the most direct and economical route; and
- 2) The family travel begins within [ten (10)] days of the hospitalization or **Felonious Assault**.

In no event will **We** pay more than the Maximum **Benefit Amount** for Evacuation and **Repatriation** during **Study Abroad** shown in Section II-B of the Schedule of Benefits. The **Benefit Amount** for Evacuation and **Repatriation** during **Study Abroad** is payable in addition to any other applicable **Benefit Amounts** under this policy.

Limitation on Evacuation and **Repatriation** during **Study Abroad**: the **Benefit Amount** for Evacuation and **Repatriation** during **Study Abroad** does not apply if the **Insured Person** is traveling against the advice of a **Physician**.

SSA5046]

[Lost Checked Baggage during Study Abroad

In the event of direct physical loss[,], [or] theft [or] [damage] to the **Insured Person's Checked Baggage** during **Study Abroad**, **We** will reimburse the **Insured Person** the cost to replace the **Checked Baggage** and the [personal property] [clothes and personal hygiene items] contained therein up to the **Benefit Amount** for **Lost Checked Baggage** during **Study Abroad** shown in Section II-C of the Schedule of Benefits.

The **Lost Checked Baggage Benefit Amount** is excess over any other insurance (including homeowners) or indemnity (including any reimbursements by the airline, cruise line, railroad, station authority, occupancy provider) available to the **Insured Person**.

[With respect to:

- 1) Jewelry and watches;
- 2) Cameras video recorders and other electronic equipment and their accessories;
- 3) Computers and computer accessories; and
- 4) Prescription eye glasses and contact lenses,

Our payment is limited to the **Benefit Amounts** shown in Section II-C of the Schedule of Benefits.]

In no event will **We** pay more than the Maximum **Benefit Amount** for Lost **Checked Baggage** during **Study Abroad**, shown in Section II-C of the Schedule of Benefits, in any **Study Abroad** program period regardless of the number of Lost **Checked Baggage** during **Study Abroad** claims incurred in that period.

Limitations on **Checked Baggage**

We will not reimburse the **Insured Person** for:

- 1) any items for which **We** reimbursed the **Insured Person** under the **Baggage Delay** during **Study Abroad** benefit, if applicable;
- 2) loss of documents or valuable papers, money, securities, tickets, checks, travelers checks or furs;
- 3) lost or stolen **Checked Baggage** unless the loss or theft was reported by the **Insured Person** to the **Common Carrier** within twenty-four (24) hours. Proof of submission to and reimbursement by the **Common Carrier** for the loss or theft must be provided;
- 4) any lost or stolen **Checked Baggage** if the **Common Carrier** has denied reimbursement of such bags.

SSA5017]

[**Medical Expense during Study Abroad**

We will reimburse up to the Maximum **Benefit Amount** for **Medical Expense** during **Study Abroad** shown in Section II-B of the Schedule of Benefits if:

- 1) **Accidental Bodily Injury** causes an **Insured Person** to first incur **Medical Expenses** for care and treatment of the **Accidental Bodily Injury** within [thirty (30) days] after an **Accident**; or
- 2) an **Insured Person** incurs **Medical Expenses** for care and treatment of a **Sickness** while such **Insured Person** is **Studying Abroad**.

The **Benefit Amount** for such **Medical Expense** during **Study Abroad** is payable for **Medical Expenses** incurred[:]

- [1)] while the individual is **Studying Abroad**[: and
- 2) during the [ninety (90) day] period after the individual returns to the United States].

[No benefits are payable for **Medical Expenses** that are incurred once an individual returns to the United States.]

The **Benefit Amount** is subject to the [deductible,] [coinsurance percentage] [and] Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits. [The deductible applies separately to each **Insured Person** and each **Accident**.] The **Benefit Amount** for **Medical Expense** during **Study Abroad** is payable in addition to any other applicable **Benefit Amounts** under this policy.

[Payment of the Maximum **Benefit Amount** for **Medical Expense** during **Study Abroad** is also subject to the following:

[Chiropractic **Benefit Amount**

If an **Insured Person** requires chiropractic treatment then **Our** payment for such treatment will not exceed the Chiropractic Maximum **Benefit Amount** shown in Section II-B of the Schedule of Benefits.]

[Dental **Benefit Amount**

If an **Insured Person** requires dental care and treatment because of dental pain or an **Accidental Bodily Injury**, then **Our** payment for such treatment will not exceed the Dental Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Mental or Nervous Condition **Benefit Amount**

If an **Insured Person** requires treatment for a mental or nervous condition, then **Our** payment for such treatment will not exceed the Mental or Nervous Condition Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Orthopedic Appliance **Benefit Amount**

If an **Insured Person** is not **Hospital** confined and requires orthopedic appliances or braces, then **Our** payment for such appliances or braces will not exceed the Orthopedic Appliance Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Physical Therapy **Benefit Amount**

If an **Insured Person** is not **Hospital** confined and requires diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage or any form of physical therapy by a licensed physical therapist then **Our** payment for such therapy will not exceed the Physical Therapy Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Prescription Drugs **Benefit Amount**

If an **Insured Person** requires prescription drugs, then **Our** payment for such prescription drugs will not exceed the Prescription Drugs Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Transportation **Benefit Amount**

If an **Insured Person** requires transportation to the nearest location where appropriate medical care and treatment can be provided, then **Our** payment for transportation expenses, including ambulance expenses, will not exceed the Transportation Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

In no event will **Our** total payments for an **Insured Person's** [chiropractic treatment,] [dental care and treatment,] [mental or nervous condition treatment,] [orthopedic appliances,] [physical therapy,] [prescription drugs,] [transportation] [and] **Medical Expense** exceed the Maximum **Benefit Amount** for **Medical Expense** during **Study Abroad**, shown in Section II-B of the Schedule of Benefits.]

Limitation on **Medical Expense** during **Study Abroad**

The **Benefit Amount** for **Medical Expense** during **Study Abroad** does not apply to charges and services:

- 1) for which an **Insured Person** has no obligation to pay;
- 2) for any injury where worker's compensation benefits, occupational injury benefits or Motor Vehicle Financial Responsibility law benefits are payable;
- 3) for treatment by a person employed or retained by the **Policyholder**;
- 4) for any injury occurring while fighting, except in self-defense;
- 5) for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice; or
- 6) for treatment involving conditions caused by **Repetitive Motion Injuries**, or cumulative trauma and not as the result of an **Accidental Bodily Injury**;
- 7) if the **Insured Person** is traveling against the advice of a **Physician**.

This insurance applies only to **Medically Necessary** charges and services.

SSA5031]

[Study Abroad Cancellation]

We will reimburse the non-refundable and non-transferable **Study Abroad** program fees including but not limited to tuition and room and board, up to the **Benefit Amount** for **Study Abroad Cancellation** shown in Section II-C of the Schedule of Benefits, if an **Insured Person** has paid the program fees but is unable to **Study Abroad** due to such **Insured Person's Accidental Bodily Injury, Sickness or Loss of Life**. A **Physician** must certify that the **Insured Person** is unable to **Study Abroad** due to the **Accidental Bodily Injury, Sickness or Loss of Life**.

Limitation on **Study Abroad Cancellation**

The **Benefit Amount** for **Study Abroad Cancellation** will not reimburse:

- 1) Any fees that are reimbursable by the **Policyholder** or the **Study Abroad** program sponsor;
- 2) Application fees;
- 3) Confirmation deposits;
- 4) Insurance fees; or
- 5) Any expense for personal travel or sight-seeing tours that is unrelated to the study program.

SSA5069]

[Study Abroad Interruption]

We will reimburse [twenty-five percent (25%)] of the **Study Abroad** program fees, up to the **Benefit Amount** for **Study Abroad Interruption** shown in Section II-C of the Schedule of Benefits, if an **Insured Person** is unable to complete the **Study Abroad** program requirements due to such **Insured Person's Accidental Bodily Injury, Sickness or Loss of Life**. A **Physician** must certify that the **Insured Person** is unable to complete the **Study Abroad** program requirements due to the **Accidental Bodily Injury, Sickness or Loss of Life**.

Limitation on **Study Abroad Interruption**

The **Benefit Amount** for **Study Abroad Interruption** will not reimburse:

- 1) Application fees;
- 2) Confirmation deposits;
- 3) Insurance fees; or
- 4) Any expense for personal travel or sight-seeing tours that is unrelated to the study program.

SSA5071]

[Study Abroad Interruption Ticket Reimbursement]

We will reimburse the cost of a round-trip economy-class airline ticket for an **Insured Person**, up to the **Benefit Amount** for **Study Abroad Interruption Ticket Reimbursement** shown in Section II-C of the Schedule of Benefits, if such **Insured Person** is forced to interrupt his or her **Study Abroad** due to the **Accidental Bodily Injury, Sickness or Loss of Life** of the **Insured Person's Immediate Family Member**. This benefit is only payable if all of the following conditions are met:

- 1) The **Accidental Bodily Injury, Sickness or Loss of Life** of the **Insured Person's Immediate Family Member** occurs during the Policy Period;
- 2) At least [thirty (30)] days remain in the **Insured Person's Study Abroad** program;
- 3) The interruption in the **Insured Person's Study Abroad** program is less than [thirty (30)] days; and
- 4) All arrangements for travel are made by **Our Assistance Services Administrator**.

We will not pay more than the Maximum **Benefit Amount** for **Study Abroad** Interruption Ticket Reimbursement, shown in Section II-C of the Schedule of Benefits, in any Policy Period regardless of the number of **Study Abroad** Interruption Ticket Reimbursement claims incurred in that Policy Period.
SSA5073]

SECTION II – ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

Eligibility

A person becomes insured under this policy if:

- 1) such person is a member of an eligible **Class of Insured Persons** as shown in Section I of the Schedule of Benefits; and
- 2) the required premium for such person has been paid.

SSA5080

Effective Date of Insurance for an **Insured Person**

Insurance for the **Study Abroad** Cancellation benefit becomes effective for an **Insured Person** on the latest of:

- 1) the effective date of this policy;
- 2) the date on which such person first meets the eligibility criteria as an **Insured Person**;
- 3) the date requested by the **Insured Person** on the enrollment form; or
- 4) the beginning of the period for which required premium is paid for such **Insured Person**.

Insurance for all other benefits under this policy becomes effective on the latest of:

- 1) the effective date of this policy;
- 2) the date on which such person first meets the eligibility criteria as an **Insured Person**;
- 3) the date requested by the **Insured Person** on the enrollment form;
- 4) the beginning of the period for which required premium is paid for such **Insured Person**;
or
- 5) the date the **Insured Person** departs for the **Study Abroad** program.

SSA5082

Termination of Insurance for an **Insured Person**

Insurance for an **Insured Person** automatically terminates on the earliest of:

- 1) the termination date of this policy;
- 2) the expiration of the period for which required premium has been paid for such **Insured Person**;
- 3) the date on which a person no longer meets the eligibility criteria as an **Insured Person**,

or if the **Study Abroad** program ends after the termination date of this policy, insurance ends on the date that the **Study Abroad** ends.

SSA5084

SECTION III - EXTENSIONS OF INSURANCE

Extensions of Insurance are subject to the provisions of Section I-Insurance of the Contract and all other policy terms and conditions.

Disappearance

If an **Insured Person** has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any **Conveyance** in which an **Insured Person** was an occupant at the time of the **Accident**, then it will be assumed, subject to all other terms and conditions of this Policy, that an **Insured Person** has suffered **Loss of Life** insured under this policy.

SSA5088

Exposure

If an **Accident** resulting from an insured **Hazard** causes an **Insured Person** to be unavoidably exposed to the elements and as a result of such exposure an **Insured Person** has a **Loss**, then such **Loss** will be insured under this policy.

SSA5090

SECTION IV - MAXIMUM PAYMENT FOR MULTIPLE LOSSES AND MULTIPLE BENEFITS

For any **Benefit Amount** identified as subject to this provision in the Schedule of Benefits, payment of such **Benefit Amount** will reduce the **Principal Sum**. If, subject to all the terms and conditions of this policy, an **Insured Person** is entitled to receive payment of multiple **Benefit Amounts** as the result of one (1) **Accident**, then the maximum **We** will pay for all benefits shall not exceed the **Principal Sum**.

For any **Benefit Amount** identified as not subject to this provision in the Schedule of Benefits, payment of such **Benefit Amount** will be in addition to any **Principal Sum** payable under this policy.

If, subject to all the terms and conditions of this policy, an **Insured Person** suffers multiple covered **Losses** as the result of one (1) **Accident**, then **We** will only pay the single largest **Benefit Amount** applicable to all such covered **Losses**.

SSA5092

SECTION V – GENERAL EXCLUSIONS AND LIMITATIONS

The following exclusions apply to all benefits or **Hazards** under this policy. Additional exclusions, limitations or conditions may also apply to specific benefits or **Hazards**. Please read this entire policy carefully.

AIRCRAFT PILOT OR CREW

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person** entering, or exiting any aircraft while acting or training as a pilot or crew member.

This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.

SSA5098

[EXTREME SPORTS

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person's** participation in scuba diving to depths of more than 100 feet; skydiving; hang-gliding or para-gliding; parascending other than over water; bungee jumping; mountaineering or rock climbing normally requiring the use of guides or ropes; or caving.

SSA5099]

[ILLEGAL ACTS

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the **Insured Person's** commission or attempted commission of a felony or being engaged in an illegal occupation.

SSA5104]

[INCARCERATION

This insurance does not apply to any loss caused by or resulting from, directly or indirectly any occurrence while an **Insured Person** is incarcerated after conviction.

SSA5106]

[INTOXICATION

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the **Insured Person** being intoxicated, at the time of an **Accident**. Intoxication is defined by the laws of the jurisdiction where such **Accident** occurs.

SSA5108]

[INTOXICATION VEHICULAR

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the **Insured Person** being intoxicated, while operating a motorized vehicle at the time of an **Accident**. Intoxication is defined by the laws of the jurisdiction where such **Accident** occurs.

SSA5110]

[NARCOTIC

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the **Insured Person** being under the influence of any narcotic or other controlled substance at the time of a loss. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a **Physician**.

SSA5112]

[OPERATION OF A MOTOR VEHICLE WITHOUT A LICENSE

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person** operating a motor vehicle without the required license to operate such vehicle in the jurisdiction where the **Accident** occurs.

SSA5113]

OWNED AIRCRAFT, LEASED AIRCRAFT OR OPERATED AIRCRAFT

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person** being in, entering, or exiting any aircraft:

- 1) owned, leased or operated by the **Policyholder** or on the **Policyholder's** behalf; or
- 2) operated by an employee of the **Policyholder** on the **Policyholder's** behalf.

SSA5095

[PARTICIPATION IN ORGANIZED SPORTS

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person** being engaged in or participating in [professional][,] [club][,] [intercollegiate] [or] [interscholastic] sports.

SSA5115]

[PARTICIPATION IN A RACE OR SPEED CONTEST

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person** being engaged in or participating in a motorized vehicular race or speed contest.

SSA5114]

[ROCKET PROPELLED OR ROCKET LAUNCHED CONVEYANCE

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the **Insured Person** traveling or flying on any rocket propelled or rocket launched conveyance.

SSA5117]

SERVICE IN THE ARMED FORCES

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person** participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first [sixty (60)] consecutive days of active military service with the armed forces of any country or established international authority.

SSA5116

[SPECIALIZED AVIATION

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the **Insured Person** traveling or flying on any aircraft that is in a category listed by the Federal Aviation Administration as requiring a Special Airworthiness Certificate. This exclusion applies regardless of whether or not the Special Airworthiness Certificate has been issued and regardless of whether the **Insured Person** is on such aircraft within or outside of the United States of America. However, this exclusion does not apply to an aircraft that is in a category listed by the Federal Aviation Administration as requiring a Primary Special Airworthiness Certificate.

SSA5118]

SUICIDE OR INTENTIONAL INJURY

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person's** suicide, attempted suicide or intentionally self-inflicted injury.

SSA5120

WAR

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.

SSA5126

SECTION VI – DEFINITIONS

For the purpose of these definitions, the singular includes the plural and the plural includes the singular, unless otherwise noted.

Accident or Accidental

Accident or **Accidental** means a sudden, unforeseen, and unexpected event which:

- 1) happens by chance;
- 2) arises from a source external to an **Insured Person**;
- 3) is independent of illness, disease or other bodily malfunction or medical, surgical or diagnostic treatment thereof;
- 4) occurs while the **Insured Person** is insured under this policy which is in force; and
- 5) is the direct cause of loss.

SSA5600

Accidental Bodily Injury

Accidental Bodily Injury means bodily injury, which:

- 1) is **Accidental**;
- 2) the direct cause of a loss; and
- 3) occurs while an **Insured Person** is insured under this policy, which is in force.

Accidental Bodily Injury does not mean a **Repetitive Motion Injury**.

SSA5602

Assistance Services Administrator

Assistance Services Administrator means the organization that contracts with the **Company** to provide **Medical Evacuation** and **Repatriation** services to an **Insured Person**.

SSA5610

Baggage Delay

Baggage Delay means a delay or misdirection of the **Insured Person's** property by a **Common Carrier** for more than [twelve (12)] hours from the time the **Insured Person** arrives at the destination on the **Insured Person's** ticket.

SSA5611]

Benefit Amount

Benefit Amount means the amount stated in the Schedule of Benefits for this policy which applies:

- 1) at the time of an **Accident** or **Sickness**;
- 2) to an **Insured Person**; and
- 3) for the applicable **Hazard**.

SSA5612

Checked Baggage

Checked Baggage means suitcases or other containers specifically designated for carrying personal property, for which a claim check has been issued to the **Insured Person** by a **Common Carrier**.

SSA5627]

Class

Class means the categories of **Insured Persons** described in Section I of the Schedule of Benefits.

SSA5628

Common Carrier

Common Carrier means any motorized land, water or air **Conveyance**, operated by an organization other than the **Policyholder**, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract.

SSA5644

Company

Company means Federal Insurance Company.

SSA5648

Conveyance

Conveyance means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.

SSA5650

Covered Expenses

A. With respect to **Medical Evacuation**, **Covered Expenses** means the cost for:

- 1) a land, water or air **Conveyance**, required to transport an **Insured Person** during a **Medical Evacuation**. Special transportation by, but not limited to, air ambulances, land ambulances and private motor vehicles must:
 - a) be recommended by an attending **Physician**; and
 - b) comply with the standard regulations of the **Conveyance** transporting an **Insured Person**.

The means of transportation that is best suited to accommodate an **Insured Person**, based on the seriousness of an **Insured Person's** condition, will be used.

- 2) medical supplies and services which are:
 - a) ordered or prescribed by an attending **Physician**; and
 - b) are, in the opinion of an attending **Physician**, necessarily incurred in connection with the **Medical Evacuation** of an **Insured Person**.

B. With respect to **Repatriation**, **Covered Expenses** means the cost for:

- 1) **Repatriation** of an **Insured Person**; and
- 2) medical supplies and services which:
 - a) are ordered or prescribed by an attending **Physician**; and
 - b) are, in the opinion of an attending **Physician**, necessarily incurred in connection with **Repatriation** of an **Insured Person**; or
 - c) are necessary for embalming, cremation, transportation and purchase of a shipping container as required by applicable law or regulation.

C. With respect to **Security Evacuation**, **Covered Expenses** means:

- 1) the cost for a land, water or air **Conveyance**, required to transport an **Insured Person** from the country about which the **Travel Warning** has been issued to the nearest place of safety;
- 2) the costs for temporary lodging in the nearest place of safety for up to fourteen (14) days; and

- 3) the cost for a land, water or air **Conveyance**, incurred within fourteen (14) days of the initial **Security Evacuation**, required to transport an **Insured Person** from the nearest place of safety to one of the following locations:
 - a. the **Insured Person's** domicile or permanent residence;
 - b. the country in which the **Insured Person** is **Studying Abroad**, if return is safe and permitted; or
 - c. the U.S. location of the college or university at which the **Insured Person** is enrolled.

D. With respect to **Natural Disaster Evacuation**, **Covered Expenses** means the cost for:

- 1) the cost for a land, water or air **Conveyance**, required to transport an **Insured Person** from the country in which the **Natural Disaster** has occurred to the nearest place of safety;
- 2) the costs for temporary lodging in the nearest place of safety for up to fourteen (14) days; and
- 3) the cost for a land, water or air **Conveyance**, incurred within fourteen (14) days of the initial **Natural Disaster Evacuation**, required to transport an **Insured Person** from the nearest place of safety to one of the following locations:
 - a. the **Insured Person's** domicile or permanent residence;
 - b. the country in which the **Insured Person** is **Studying Abroad**, if return is safe and permitted; or
 - c. the U.S. location of the college or university at which the **Insured Person** is enrolled.

With respect to **Medical Evacuation**, **Repatriation**, **Security Evacuation** and **Natural Disaster Evacuation**, all transportation arrangements made for an **Insured Person** will be by the most direct and economical route. All **Covered Expenses** must be arranged by and receive the prior approval of **Our Assistance Service Administrator**.

Covered Expenses do not include those expenses incurred by an **Insured Person** for **Accidental Bodily Injury** or **Sickness**, which occurs while an **Insured Person** is:

- 1) traveling against the advice of a **Physician**; or
- 2) traveling for the purpose of obtaining medical treatment.

SSA5654

Domestic Partner

Domestic Partner means a person designated in writing by a **Insured Person** who is registered as a Domestic Partner or legal equivalent under laws of the governing jurisdiction or who:

- 1) is at least eighteen (18) years of age and competent to enter into a contract;
- 2) is not related to the **Insured Person** by blood;
- 3) has exclusively lived with the **Insured Person** for at least one (1) year prior to the date of enrollment;
- 4) is not legally married or separated; and
- 5) as of the date of enrollment, has with the **Insured Person** at least two (2) of the following financial arrangements:
 - a) a joint mortgage or lease;
 - b) a joint bank account;
 - c) joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or
 - d) a joint credit card account with a financial institution.

Neither the **Insured Person** nor the **Domestic Partner** can be married to, nor in a civil union with, anyone else.
SSA5666

Emergency Medical Treatment

Emergency Medical Treatment means **Hospital** treatment for a medical condition which:

- 1) arises suddenly and unexpectedly; and
- 2) if left untreated could result in **Loss of Life**, or in serious deterioration of an **Insured Person's** medical condition.

SSA5674

Family Travel Expense

Family Travel Expense means actual costs incurred by an **Immediate Family Member** for temporary lodging, transportation and meals while traveling to and from visits with an **Insured Person**.

SSA5678

[Felonious Assault

Felonious Assault means any willful and unlawful use of force by an individual against a **Insured Person** in connection with the commission, or attempted commission of robbery, theft, kidnapping, hostage taking, hijacking/skyjacking, assault, murder, manslaughter, riot, or insurrection. Such use of force must be a felony or the equivalent of a felony under any country, state, territory or local statutory or common law applicable in the jurisdiction where the **Felonious Assault** occurs.

SSA5680]

Hazard

Hazard means the circumstances for which this insurance is provided as stated in Section I of the Schedule of Benefits and described in the **Hazards** Section of this policy.

SSA5696

Hospital

Hospital means a public or private institution which:

- 1) is licensed in accordance with the laws of the jurisdiction where it is located;
- 2) is accredited by the Joint Commission on Accreditation of Hospitals;
- 3) operates for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- 4) provides organized facilities for diagnosis and medical or surgical treatment;
- 5) provides twenty-four (24 hour) nursing care;
- 6) has a **Physician** or staff of **Physicians** ; and
- 7) is not primarily a day clinic, rest or convalescent home, assisted living facility or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts.

SSA5712

Hospital Admission Guaranty

Hospital Admission Guaranty means any charge or expense made by a **Hospital** prior to and as a condition of an **Insured Person's** admission.

SSA5714

Immediate Family Member

Immediate Family Member means an **Insured Person's**:

- 1) **Spouse or Domestic Partner;**
- 2) children including adopted children or stepchildren;
- 3) legal guardians or wards;
- 4) siblings or siblings-in-law;
- 5) parents or parents-in-law;
- 6) grandparents or grandchildren;
- 7) aunts or uncles;
- 8) nieces and nephews.

Immediate Family Member also means a **Spouse's** [or **Domestic Partner's**] children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.
SSA5716

Insured Person

Insured Person means a person, qualifying as a **Class** member under Section I of the Schedule of Benefits:

- 1) who elects insurance; or
- 2) for whom insurance is elected,
- 3) and on whose behalf premium is paid.

SSA5728

Leased Aircraft

Leased Aircraft means an aircraft not owned by the **Policyholder**, which is subject to a written lease agreement between the **Policyholder** and the lessor. The **Policyholder** uses the aircraft as it wishes for the term of the written lease agreement. The **Policyholder** cannot alter or sell the aircraft without the consent of the lessor. **Leased Aircraft** does not include aircraft which are chartered for single trips.

SSA5730

Loss

Loss means **Accidental**:

Loss of Foot
Loss of Hand
Loss of Hearing
Loss of Life
Loss of Sight
Loss of Sight of One Eye
Loss of Speech
Loss of Thumb and Index Finger

Loss must occur within one (1) year after the **Accident**.

SSA5732

Loss of Foot

Loss of Foot means the complete severance of a foot through or above the ankle joint. **We** will consider such severance a **Loss of Foot** even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then **We** will not pay an additional **Benefit Amount** for such amputation.

SSA5734

Loss of Hand

Loss of Hand means complete severance, as determined by a **Physician**, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. **We** will consider such severance a **Loss of Hand** even if the hand, fingers or thumb are later

reattached. If the reattachment fails and amputation becomes necessary, then **We** will not pay an additional **Benefit Amount** for such amputation.
SSA5736

Loss of Hearing

Loss of Hearing means permanent, irrecoverable and total deafness, as determined by a **Physician**, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a **Physician**.
SSA5738

Loss of Life

Loss of Life means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an **Accident**.
SSA5740

Loss of Sight

Loss of Sight means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a **Physician**.
SSA5742

Loss of Sight of One Eye

Loss of Sight of One Eye means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a **Physician**.
SSA5744

Loss of Speech

Loss of Speech means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a **Physician**.
SSA5748

Loss of Thumb and Index Finger

Loss of Thumb and Index Finger means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a **Physician**. **We** will consider such severance a **Loss of Thumb and Index Finger** even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then **We** will not pay an additional **Benefit Amount** for such amputation.
SSA5750

Medical Evacuation

Medical Evacuation means the emergency transportation of an **Insured Person** from the location where such **Insured Person** is injured or becomes ill to the nearest **Hospital** where appropriate medical care and treatment can be provided.
SSA5756

Medical Expense

Medical Expense means the **Reasonable and Customary Charges** for **Medical Services** for the care and treatment of **Sickness** or **Accidental Bodily Injuries**.
SSA5752

Medically Necessary

Medically Necessary means a medical or dental service, supply or course of treatment which:

- 1) is ordered or prescribed by a **Physician**;
- 2) is appropriate and consistent with the patient's diagnosis;
- 3) is in accord with current accepted medical or dental practice; and
- 4) could not be eliminated without adversely affecting the patient's condition.

SSA5758

Medical Services

Medical Services means **Medically Necessary** services, including but not limited to:

- 1) medical care and treatment by a **Physician**;
- 2) **Hospital** room and board and **Hospital** care, both inpatient and outpatient;
- 3) drugs and medicines required and prescribed by a **Physician**;
- 4) diagnostic tests and x-rays prescribed by a **Physician**;
- 5) transportation of an **Insured Person** in an emergency transportation vehicle from the location where such **Insured Person** becomes injured to the nearest **Hospital** where appropriate medical treatment can be obtained;
- 6) dental care and treatment due to **Accidental Bodily Injury**;
- 7) physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage and the office visit associated with such therapy;
- 8) treatment performed by a licensed medical professional when prescribed by a **Physician**, if hospitalization would have been otherwise required;
- 9) rental of durable medical equipment;
- 10) artificial limbs and other prosthetic devices;
- 11) orthopedic appliances or braces.

SSA5760

[Natural Disaster

Natural Disaster means an event, including but not limited to wind storm, rain, snow, sleet, hail, lightning, dust or sand storm, earthquake, tornado, flood, volcanic eruption, wildfire or other similar event that results in severe damage such that the area in which the **Insured Person** is **Studying Abroad** is declared a disaster area by a competent governmental authority having jurisdiction.

SSA5762]

Operated Aircraft

Operated Aircraft means any aircraft not owned by the **Policyholder** but over which the **Policyholder** exercises control. **Operated Aircraft** includes an aircraft for which the **Policyholder** pays operating expenses.

SSA5768

Owned Aircraft

Owned Aircraft means any aircraft to which the **Policyholder** holds legal or equitable title.

SSA5772

Physician

Physician means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided.

Physician does not include:

- 1) an **Insured Person**;
- 2) an **Immediate Family Member**;

- 3) an **Insured Person's** employer or business partner; or
- 4) the **Policyholder**.

SSA5782

Policyholder

Policyholder means the entity identified in the Insuring Agreement.

SSA5786

Principal Sum

Principal Sum means the amount of insurance appearing in Section II-A of the Schedule of Benefits applicable to each **Class**.

SSA5792

Proof of Loss

Proof of Loss means written evidence acceptable to **Us** that an **Accident** or loss has occurred.

SSA5794

Reasonable and Customary Charge

Reasonable and Customary Charge means the lesser of:

- 1) the usual charge made by **Physicians** or other health care providers for a given service or supply; or
- 2) the charge **We** reasonably determine to be the prevailing charge made by **Physicians** or other health care providers for a given service or supply in the geographical area where it is furnished.

SSA5804

Repatriation

Repatriation means:

- 1) the transfer of an **Insured Person**, from the local **Hospital** where **Emergency Medical Treatment** is initially given to another **Hospital** or to an **Insured Person's** domicile or permanent residence; and
- 2) the necessary arrangements for the return of an **Insured Person's** remains to an **Insured Person's** domicile or permanent residence in the event of an **Insured Person's Loss of Life**.

SSA5810]

Repetitive Motion Injury

Repetitive Motion Injury means bursitis, stress fracture, strain, shin splints, Osgood Schlatter Disease, Chondromalacia; stress fractures; tendinitis; and Carpal Tunnel Syndrome.

SSA5609

Security Evacuation

Security Evacuation means the emergency transportation of an **Insured Person** from the location where such **Insured Person** is **Studying Abroad** to either the nearest place of safety or the **Insured Person's** domicile or permanent residence. The **Security Evacuation** must be due to:

- 1) the United States Department of State issuing a **Travel Warning**, for the country where the **Insured Person** is **Studying Abroad**; or

- 2) the government authorities in the country in which the **Insured Person** is **Studying Abroad** issuing a formal recommendation that such **Insured Person** or citizens of the United States should leave the country.

SSA5821

Sickness

Sickness means illness or disease which requires the attendance of a **Physician**. **Sickness** does not include:

- 1) acne or sebaceous cyst;
- 2) birth control;
- 3) elective termination of pregnancy; or
- 4) infertility treatment.

SSA5825

Spouse

Spouse means an **Insured Person's** husband or wife who is recognized as such by the laws of the jurisdiction in which the **Insured Person** resides.

SSA5828

Study Abroad or Studying Abroad

Study Abroad or **Studying Abroad** means participating in educational or research activities or participating in a class trip which:

- 1) take place outside of the 50 United States or the District of Columbia;
- 2) are supervised, sponsored or approved by the U.S. college or university at which the **Insured Person** is enrolled; and
- 3) are for periods of less than 365 days.

[**Study Abroad** includes personal travel or sight-seeing which occurs outside of the United States during the **Study Abroad** program period.] [**Study Abroad** also includes any personal travel or sight-seeing that occurs outside of the United States [one (1) week] [before] [or] [after] the **Study Abroad** program [begins] [or] [ends].

SSA5831]

Travel Warning

Travel Warning means the United States Department of State advises U.S. citizens to depart the country while the **Insured Person** is traveling in that country .

SSA5853

We, Us and Our

We, Us and **Our** means Federal Insurance Company.

SSA5860

SECTION VII – GENERAL PROVISIONS

BENEFIT ASSIGNMENT

An **Insured Person** may assign **Benefit Amounts** other than those for **Loss of Life**. Such assignment must be in writing, signed by the **Insured Person** and filed with the **Policyholder**. The assignment shall be provided to **Us** at the time of claim or at such other time as **We** may require. **We** do not assume the responsibility for the validity of any assignment.

SSA5154

[ARBITRATION

In the event of a dispute under this policy, either **We**, an **Insured Person**, or in the event of **Loss of Life**, an **Insured Person's** beneficiary, may make a written demand for arbitration. In that case, **We** and an **Insured Person**, or in the event of **Loss of Life**, an **Insured Person's** beneficiary, will each select an arbitrator. The two arbitrators will select a third. If they cannot agree within fifteen (15) days, then either **We**, an **Insured Person**, or in the event of **Loss of Life**, an **Insured Person's** beneficiary, may request that the choice of arbitrator be submitted to the American Arbitration Association. The arbitration will be held in the State of an **Insured Person's** principal residence and will be nonbinding.

Each participant shall bear the cost for arbitration and shall share equally in the cost of the umpire and the proceedings.

SSA5156AR]

BENEFICIARY

A) *Designation*

An **Insured Person** has the right to designate a beneficiary. All beneficiary designations must be:

- 1) in writing;
- 2) filed with the **Policyholder**; and
- 3) provided to **Us** at the time of claim or at such other time as **We** may require.

B) *Change*

The **Insured Person**, and no one else, unless there is an irrevocable assignment, has the right to change the beneficiary except as set forth above. The **Insured Person** does not need the consent of anyone to do so. All beneficiary changes must be:

- 1) in writing;
- 2) filed with the **Policyholder**; and
- 3) provided to **Us** at the time of claim or at such other time as **We** may require.

We do not assume any responsibility for the validity of these changes.

C) *Payment*

The **Benefit Amount** for covered **Loss of Life** will be paid to the beneficiary designated by an **Insured Person**. If an **Insured Person** has not chosen a beneficiary or if there is no beneficiary alive when the **Insured Person** dies, then **We** will pay the **Benefit Amount** for **Loss of Life** to the first surviving party in the following order:

- 1) the **Insured Person's Spouse [or Domestic Partner]**;
- 2) in equal shares to the **Insured Person's** surviving children;
- 3) in equal shares to the **Insured Person's** surviving parents;
- 4) in equal shares to the **Insured Person's** surviving brothers and sisters;

- 5) the **Insured Person's** estate.

All other **Benefit Amounts** are paid to the **Insured Person**, unless otherwise directed by an **Insured Person** or an **Insured Person's** designee, or unless otherwise noted in this policy.

If any beneficiary has not reached the legal age of majority, then **We** will pay such beneficiary's legal guardian.

SSA5158

CANCELLATION, NON-RENEWAL AND GRACE PERIOD

A) Grace Period

The **Policyholder** is entitled to a grace period of [thirty-one (31) days] from the premium due date for the payment of premium due. This policy will continue in force during the grace period. The grace period does not apply to the first premium payable during this policy term. Failure to pay the first premium on or before the due date will immediately terminate this policy as of inception. **We** are not required to provide notification of such termination.

SSA5160

B) Cancellation, Non-renewal

The **Policyholder** may cancel this policy, or any of its individual insurance benefits, by sending **Us** written notice stating when cancellation is to take effect. The effective date of cancellation may not be earlier than the date notice is postmarked or transmitted.

We may cancel this policy, or any of its individual insurance benefits, if the **Policyholder** fails to pay the premium within the grace period of [thirty-one (31) days] after the premium due date, except for the first premium due during the Policy Period. **We** will send written notice stating the effective date of cancellation, which will be no earlier than [thirty-one (31) days] after the premium due date.

We may cancel this policy, or any of its individual insurance benefits, for reasons other than nonpayment of premium by sending written notice stating when thereafter such cancellation shall take effect. If this is a multi-year policy, then **We** may cancel the policy, or any of its individual insurance benefits, by sending written notice at least [forty five (45) days] prior to the Anniversary Date shown in the Insuring Agreement.

We may nonrenew this policy by sending written notice at least [forty-five (45) days] before the expiration date of the Policy Period shown in the Insuring Agreement.

We will send notice of cancellation or nonrenewal to the **Policyholder** at its last known address. If the notice is mailed, proof of mailing will be considered proof of cancellation or nonrenewal.

The **Policyholder** is required to immediately provide notice of cancellation or nonrenewal to all **Insured Persons**.

The earned premium will be computed on a [pro-rata] basis. Any unearned premium will be returned to the **Policyholder** as soon as practicable.

SSA5162

CERTIFICATE

When required by law, **We** will issue to the **Policyholder** for delivery to the **Insured Person** a Certificate of Insurance. The Certificate of Insurance will describe the benefits, exclusions, limitations, and conditions of this policy and state to whom benefits are payable. Any subsequent changes to this policy will also apply to the existing Certificates of Insurance.

SSA5164

CHANGES

This policy can only be changed by a written endorsement that becomes a part of this policy. The endorsement must be approved by one of **Our** officers and signed by one of **Our** authorized representatives. No agent has the authority to change this policy or waive any of its provisions.

SSA5166

CLAIM NOTICE

Written Claim Notice must be given to **Us** or any of **Our** appointed producers within twenty (20) days after the occurrence or commencement of any loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the **Insured Person** and **Policyholder**. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible.

SSA5170

CLAIM FORMS

When **We** receive notice of a claim, **We** will send the **Insured Person** or the **Insured Person's** designee, within fifteen (15) days, forms for giving **Proof of Loss** to **Us**. If the **Insured Person** or the **Insured Person's** designee does not receive the forms, then the **Insured Person** or an **Insured Person's** designee should send **Us** a written description of the loss. This written description should include information detailing the occurrence, type and extent of the loss for which the claim is made.

SSA5172

CLAIM PROOF OF LOSS

Complete **Proof of Loss** must be given to **Us** within [ninety (90)] days after the date of loss, or as soon as reasonably possible. Failure to give complete **Proof of Loss** within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete **Proof of Loss**, except in cases where the claimant lacks legal capacity.

SSA5174

CLAIM PAYMENT

We will pay the **Insured Person** or beneficiary the applicable **Benefit Amount** within sixty (60) days after **We** receive complete **Proof of Loss** if the **Insured Person**, the **Policyholder** and beneficiary, where applicable, have complied with all the terms of this policy.

SSA5176

CLAIM AND SUIT COOPERATION

In the event of a claim under this policy, the **Policyholder**, the **Insured Person** or the beneficiary, if applicable, must fully cooperate with **Us** in **Our** handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that **We** may require. If **We** are sued in connection with a claim under this policy, then the **Policyholder**, the **Insured Person** or the beneficiary must fully cooperate with **Us** in the handling of such suit. The **Policyholder**, the **Insured Person** or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without **Our** prior written consent.

SSA5178

COMPLIANCE BY POLICYHOLDER AND INSURED PERSON

We have no duty to provide insurance under this policy unless the **Policyholder**, the **Insured Person** and the beneficiary, if applicable, have fully complied with all the terms and conditions of this policy.

CONCEALMENT OR FRAUD

Insurance under this policy is void if:

1. the **Policyholder** or any **Insured Person** has intentionally concealed or misrepresented any material fact relating to this policy before or after a loss;
2. the **Policyholder** or any **Insured Person** has intentionally concealed or misrepresented any material fact relating to a loss or
3. the **Policyholder** or any **Insured Person** files a false report of a loss.

SSA5165

CONFORMING TO TRADE SANCTION LAWS

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit **Us** from providing insurance.

SSA5171

ENTIRE CONTRACT AND APPLICATION

This policy, the **Policyholder's** application and the **Insured Person's** application, if any, together with the endorsements attached to this policy, constitute the entire contract of insurance. If an application is completed by the **Policyholder** or **Insured Person** in connection with this policy, then **We** will attach the application to the policy when the policy is issued.

SSA5182

EXAMINATION UNDER OATH

We have a right to examine under oath, as often as **We** may reasonably require, an **Insured Person**, the **Policyholder** or the beneficiary. **We** may also require the **Insured Person**, the **Policyholder** or the beneficiary to provide a signed description of the circumstances surrounding the **Loss** and their interest in the **Loss**. An **Insured Person**, the **Policyholder** and the beneficiary will also produce all records and documents requested by **Us** and will permit **Us** to make copies of such records or documents.

SSA5183

GOVERNING JURISDICTION AND CONFORMANCE WITH STATUTES

This policy is governed by the laws of the jurisdiction in which it is delivered to the **Policyholder**. Any terms of this policy which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which this policy is delivered are amended to conform to such statutes, laws or regulations. Any terms of a certificate which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which the certificate is delivered are amended to conform to the statutes, laws or regulations of the jurisdiction.

SSA5184

INADVERTENT ERROR

The insurance provided under this policy will not be prejudiced by the failure on the part of the **Policyholder** to transmit reports, collect and remit premium or comply with any of the terms and conditions of this policy when such failure is due to an inadvertent error or clerical mistake, provided that such inadvertent error or clerical mistake is corrected promptly upon discovery.

An inadvertent error or clerical mistake by **Us** or by the **Policyholder** may be corrected upon discovery with notice by the **Policyholder** to **Us** or by **Us** to the **Policyholder**.
SSA5186

INFORMATIONAL AND ADVERTISING MATERIAL

The **Policyholder** and its representatives must gain **Our** prior written approval of all material used for advertising and solicitation relating to this policy, regardless of the medium in which such material appears. **We** will not be responsible for any increase in payment or any changes in insurance resulting from such materials that have not been approved by **Us**.
SSA5188

LEGAL ACTION AGAINST **Us**

No legal action may be brought to recover on this policy until sixty (60) days after **We** have been given complete **Proof of Loss**. No such action may be brought after three (3) years from the time complete **Proof of Loss** is required to be given. No such action may be brought unless there has been full compliance with all of the terms of this policy.

In no case will **We** be liable for benefits that are not payable under the terms of this policy or that exceed the applicable **Benefit Amounts** or limits of insurance of this policy.
SSA5190

LIBERALIZATION

If **We** adopt any changes:

- 1) within forty-five (45) days prior to the policy effective date shown in the Insuring Agreement; or
- 2) during the Policy Period,

which broaden this insurance without an additional premium charge, then the **Insured Person** will automatically receive the benefit of the broadened insurance.
SSA5192

PHYSICAL EXAMINATION AND AUTOPSY

We have the right to have an **Insured Person** examined by a **Physician** approved by **Us**, as often as reasonably necessary while a claim is open. **We** may also have an autopsy done by a **Physician**, unless prohibited by law. Any examinations or autopsies that **We** require will be done at **Our** expense.
SSA5193

PREMIUM PAYMENT

The **Policyholder** will collect and remit to **Us** all premium due under this policy, subject to the grace period.

Premium is adjustable. The earned premium is calculated for each reporting period based on the applicable rates and exposures. The **Policyholder** must keep records of the information **We** need to calculate the premium and send **Us** copies of these records for each reporting period.

The earned premium will be computed on a [pro-rata] basis. Any unearned premium will be remitted to the **Policyholder** as soon as practicable.
SSA5196

PREMIUM PROVISIONS

The **Policyholder** will pay all required premium due under this policy, subject to the grace period. Annual Premiums and Deposit Premiums are due at the beginning of the Policy Period and each future Anniversary Date unless otherwise indicated on the Premium Summary.

If premiums are adjustable, then **We** will compute the earned premium for each audit reporting period based on the applicable rates and exposures. The **Policyholder** must keep records of the information **We** need to perform the adjustment and send **Us** copies at **Our** request.

If the policy is written subject to adjustment shown in the Premium Schedule, then the **Policyholder** must report to **Us** the complete information for the reporting period shown in the Premium Summary. The **Policyholder** must submit the reports within the specified number of days after the end of each Reporting Period.

At the earlier of the end of the Policy Period or the policy termination, earned premium will be determined based on the reported values or exposures. If the resulting earned premium is less than the Deposit Premium, if any, then **We** will return the excess to the **Policyholder**. If the resulting earned premium is greater than the Deposit Premium, if any, then **We** will bill the **Policyholder** for the additional premium. The **Policyholder** will pay **Us**, within thirty (30) days, any additional premium generated from the premium adjustment.

SSA5197

PREMIUM RATE CHANGE

We may change the premium rates for this policy on the Anniversary Date. **We** will give the **Policyholder** at least [forty-five (45)] days prior written notice of such change.

SSA5198

RECORDS AND AUDIT

We may examine the **Policyholder's** books and records relating to this policy at any reasonable time during the policy term and up to three (3) years after expiration of this policy or until final adjustment and settlement of all claims under this policy, whichever is later.

The **Policyholder** must maintain information pertaining to **Insured Persons** including but not limited to each **Insured Person's Benefit Amount, Class, Salary**, enrollment form, if any, and beneficiary designations or assignments.

SSA5204

STATEMENTS BY **POLICYHOLDER** OR **INSURED PERSON** AND INCONTESTABILITY

We will not use any statements, except fraudulent statements, made by the **Policyholder** or the **Insured Person** to void the insurance or reduce benefits payable under this policy, or to otherwise contest the validity of this policy, unless such statements are contained in a written document signed by the **Policyholder** or the **Insured Person**. If **We** rely on such statements for this purpose, then **We** will provide a copy of the written document to the **Policyholder**, the **Insured Person** or the **Insured Person's** designee or beneficiary, as appropriate.

We will consider all statements made by the **Policyholder** and the **Insured Person** to be representations and not warranties.

Except for nonpayment of premium, **We** will not use statements made by the **Policyholder** or the **Insured Person** regarding insurability to contest the validity of this policy when the statements are made more than two (2) years after this policy has been in force during the **Insured Person's** lifetime.

Nothing in this section will preclude **Us** from asserting at any time defenses based upon a claimant's ineligibility for insurance under this policy or upon any other policy provision or condition.

SSA5206

TITLES OF PARAGRAPHS

The titles of the various paragraphs of this policy and any endorsements attached to this policy are inserted solely for convenience of reference and do not limit or affect in any way the provisions to which they relate.

SSA5208

WORKERS' COMPENSATION

The benefits payable under this policy are not in lieu of and do not affect any requirement for workers' compensation insurance.

SSA5210

CONSUMER INFORMATION NOTICE

Policyholder Service Office of Federal Insurance Company

Address: <administrator's name if company not handling Policyholder Service>
<mailing address>

Telephone Number: <toll-free number if available>

Agent (to be completed at time of application)

Name of Agent: _____

Address: _____

Telephone Number: _____

If we at Federal Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Divisions
1200 West Third Street
Little Rock, Arkansas 72201-1904
Phone: (501) 371-2640

Study Abroad Insurance

Underwritten by: Federal Insurance Company, a member insurer of the Chubb Group of Insurance Companies 15 Mountain View Road, PO Box 1615 Warren, NJ 07061-1615	Administered by: [Insert Contact Info Here]
--	--

Important Notice - Please Read this Description of Coverage Carefully

As a handy reference guide, please read this document and keep it in a safe place with your other insurance documents. This description of coverage is not a contract of insurance but is a summary of the principal provisions of the insurance while in effect. Complete policy provisions are contained in the Master Policy, [1234-56-7890], which can be obtained from the Policy Administrator.

POLICYHOLDER: [University of .]

GROUP POLICY NO.: [1234-56-7890]

CLASS DESCRIPTION: [All faculty members and students].]

EFFECTIVE DATE OF INSURANCE – Insurance for Study Abroad Cancellation becomes effective on the latest of 1) the effective date of the policy which is [January 1, 2010], 2) the date on which you first meet the eligibility criteria, 3) the date requested on the enrollment form, or 4) the beginning of the period for which required premium is paid. Insurance for all other benefits becomes effective on the latest of 1) the effective date of the policy which is [January 1, 2010], 2) the date on which you first meet the eligibility criteria, 3) the date requested on the enrollment form, or 4) the beginning of the period for which required premium is paid, or 5) the date you depart for the Study Abroad program.

DATE INSURANCE ENDS - Insurance will end at the earliest of: 1) the date the group policy ends, 2) the end of the period for which required premium has been paid for your insurance, 3) the date on which you cease to meet the eligibility criteria, or 4) if the Study Abroad program ends after the termination date of this policy, insurance ends on the date that the Study Abroad ends.

WHEN COVERAGE APPLIES

Study Abroad: You are automatically insured while participating in educational or research activities which: 1) take place outside of the 50 United States or the District of Columbia, 2) are supervised, sponsored or approved by U S college or university at which you are enrolled, and 3) are for periods of less than 365 days. [You are also insured during personal travel or sight-seeing which occurs during the Study Abroad program [that occurs [1 week] [before] [or] [after] the Study Abroad program [begins] [or] [ends].]

[Home Leave: You are automatically insured up to a maximum of 30 consecutive days while you are: 1) traveling back to the United States when you are Studying Abroad; or 2) traveling from the United States back to the country in which you are Studying Abroad; and 3) temporarily in the United States while on break from Studying Abroad.]

BENEFITS

Accidental Death and Dismemberment Benefit: pays the applicable benefit amount shown if an Accident results in a covered Loss. The covered Loss must occur within one year of the Accident. The Benefit Amount is [\$25,000] while Studying Abroad [and \$10,000 while on Home Leave]. [100%] of the benefit amount is payable for Accidental: Loss of Life; Loss of Speech and Loss of Hearing; Loss of Speech and one of: Loss of Hand, Foot or Sight of One Eye; Loss of Hearing and one of: Loss of Hand, Foot or Sight of One Eye; Loss of both Hands, both Feet, Loss of Sight or any combination thereof; [50%] of the benefit amount is payable for Accidental: Loss of Hand, Foot or Sight of One Eye (any one of each); Loss of Speech or Loss of Hearing; [25%] of the benefit amount is payable for Accidental: Loss of Thumb and Index Finger of the same hand. If you have multiple Losses as the result of one Accident then we will pay only the single largest benefit amount applicable to the Losses suffered.

If more than one Insured Person suffers a Loss in the same Accident, then We will not pay more than [\$2,000,000] per Accident. If an Accident results in Benefit Amounts becoming payable, which when totaled, exceed [\$2,000,000] then the [\$2,000,000] will be divided proportionally among the Insured Persons, based on each applicable Benefit Amount.

[Medical Expense during Study Abroad: reimburses you, up to [\$500,000], for Medical Expense 1) if accidental bodily injury causes you to incur Medical Expense for care and treatment within [30 days] of the accident, or 2) if you incur Medical Expenses for care and treatment of a sickness while Studying Abroad [or during the [90] days after returning to the United States]. [We will pay [100%] of the first [\$25,000] of Medical Expenses and [75%] of the remaining Medical Expenses.] [The Benefit Amount is subject to a deductible of [\$100].] [Payment of the Medical Expense Benefit Amount is subject the following sub-limits: 1) Chiropractic benefits - [\$50] per visit not to exceed [5] visits; 2) Dental benefits – [\$1000] maximum; 3) Mental or Nervous Condition benefits - [\$1,000] maximum; 4) Orthopedic Appliances – [\$1,000] maximum; 5) Physical Therapy benefits - [\$1,000] maximum; 6) Prescription Drugs – [\$1,000] maximum; 7) Transportation to the nearest location for medical care - [\$1,000] maximum.]

The Medical Expense during Study Abroad benefit does not apply to charges and services: 1) for which you have no obligation to pay; 2) for any injury where worker's compensation benefits, occupational injury benefits or Motor Vehicle Financial Responsibility law benefits are payable; 3) for treatment by a person employed or retained by the Policyholder; 4) for any injury occurring while fighting, except in self-defense; 5) for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice; 6) for treatment involving conditions caused by Repetitive Motion Injuries, or cumulative trauma and not as the result of an Accidental Bodily Injury; 7) if you are traveling against the advice of a Physician.]

[Evacuation and Repatriation during Study Abroad: A. Medical Evacuation or Repatriation pays [100%] of the Covered Expenses if accidental bodily injury or sickness during Study Abroad requires: 1) your emergency transportation from the location where you are injured or become ill to the nearest hospital where appropriate medical care can be provided; or 2) your transfer from the local hospital to another hospital or to your domicile or permanent residence. In the event of your loss of life this benefit will also pay [100%] of the Covered Expenses for the necessary arrangements for the return of your remains to your domicile or permanent residence.] B. Security Evacuation pays [100%] the Covered Expenses for your emergency transportation from the location where you are Studying Abroad to either the nearest place of safety or your domicile or permanent residence if you must be evacuated because: 1) the United States Department of State issues a travel warning advising U.S. citizens to depart the country in which you are Studying Abroad; or 2) the government authorities in the country in which you are Studying Abroad issues a formal recommendation that citizens of the United States should leave the country.] C. Natural Disaster Evacuation pays [100%] the Covered Expenses for your evacuation if a natural disaster occurs in the area of the country in which you are Studying Abroad.] D. Hospital Admission Guaranty: if an accidental bodily injury or sickness requires you to receive emergency medical treatment while Studying Abroad, then we will pay up to [\$5000] for any charge or expense made by a hospital prior to and as a condition of your admission to the hospital.] E. Family Travel Expense: if you require a hospital stay of more than [3] days due to accidental bodily injury or sickness while Studying Abroad, or if you are the victim of a felonious assault while Studying Abroad, we will pay [\$300] per day for up to [7] days to cover the costs incurred by an immediate family member for temporary lodging, transportation or meals while traveling to and from visits with you.] Evacuation and Repatriation during Study Abroad does not apply if you are traveling against the advice of a physician.]

[If you require evacuation or repatriation services please call [Europe Assist,] the travel assistance provider, immediately at [(123) 456-7890].]

[Accident Medical Expense during Home Leave: reimburses you, up to [\$10,000], for Accident Medical Expense if accidental bodily injury causes you to incur Medical Expense for care and treatment within [30] days of the accident. The benefit amount is payable only for Medical Expenses incurred during Home Leave while insured under this policy. [We will pay [100%] of the first [\$5,000] of Medical Expenses and [75%] of the remaining Medical Expenses.] This benefit is payable on an excess basis; we will determine the reasonable and customary charge for the covered Medical Expense. We will then reduce that amount by amounts already paid or payable by any other plan. We will pay the resulting amount, [less the deductible of [\$100]]. [Payment of the Accident Medical Expense Benefit Amount is subject the following sub-limits: 1) Chiropractic benefits - [\$50] per visit not to exceed [5] visits; 2) Dental benefits – [\$1000] maximum; 3) Mental or Nervous Condition benefits - [\$1,000] maximum; 4) Orthopedic Appliances – [\$1,000] maximum; 5) Physical Therapy benefits - [\$1,000] maximum; 6) Prescription Drugs – [\$1,000] maximum; 7) Transportation to the nearest location for medical care - [\$1,000] maximum.]

The Accident Medical Expense during Home Leave benefit does not apply to charges and services: 1) for which you have no obligation to pay; 2) for any injury where worker's compensation benefits, occupational injury benefits or Motor Vehicle Financial Responsibility law benefits are payable; 3) for treatment by a person employed or retained by the Policyholder; 4) for any injury occurring while fighting, except in self-defense; 5) for treatment that is educational, experimental or

investigational in nature or that does not constitute accepted medical practice; 7) for treatment involving conditions caused by Repetitive Motion Injuries, or cumulative trauma and not as the result of an Accidental Bodily Injury.]

[Baggage Delay during Study Abroad: In the event of a Baggage Delay of [12] full hours, we will reimburse you up to [\$100] for expenses incurred for the emergency purchase of essential items needed. (We will not reimburse any expenses incurred by you after your bag has been returned nor will we pay for the replacement of contact lenses, eyeglasses, hearing aids, artificial teeth, dental bridges, prosthetic devices, tickets, documents, money, securities, checks, travelers' checks, passports and other valuable papers.) For each additional 24 hour period that your bag is delayed beyond the initial [12] hour period, we will reimburse you [\$100] per day for up to [5] days. We will not pay more than [\$1,500] regardless of the number of Baggage Delay claims made while Studying Abroad. This benefit is excess of any other insurance or indemnity available to you.]

[Lost Checked Baggage during Study Abroad: reimburses the cost to replace your Checked Baggage and the [personal property] [clothes and personal hygiene items] contained therein, up to [\$1,500], if direct physical loss[,] [or] theft [or] [damage] to Checked Baggage occurs during Study Abroad. [Our payment is subject to the following sub-limits: 1) Jewelry and watches – [\$250] maximum; 2) Cameras, video recorders and other electronic equipment and their accessories – [\$250] maximum; 3) Computers and computer accessories [\$1,000] maximum; 4) Prescription eye glasses and contact lenses [\$500] maximum.] We will not pay more than [\$3,000] regardless of the number of Lost Checked Baggage claims made while Studying Abroad. This benefit is excess of any other insurance or indemnity available to you. We will not pay claims for: 1) any item for which we have paid under Baggage Delay benefit; 2) loss of documents or valuable papers, money, securities, tickets, checks, travelers checks or furs; 3) lost or stolen Checked Baggage unless the loss or theft was reported by you to the Common Carrier within twenty-four (24) hours; 4) any lost or stolen Checked Baggage if the Common Carrier has denied reimbursement of such bags.]

[Study Abroad Cancellation: reimburses the non-refundable and non-transferable Study Abroad program fees including but not limited to tuition and room and board, up to [\$5,000] if you have paid the program fees but are unable to Study Abroad. A Physician must certify that you are unable to Study Abroad due to accidental bodily injury, sickness or Loss of Life. The Benefit Amount for Study Abroad Cancellation will not reimburse: 1) any fees that are reimbursable by the Policyholder or the Study Abroad program sponsor; 2) application fees; 3) confirmation deposits; 4) insurance fees; or 5) any expense for personal travel or sight-seeing tours that is unrelated to the study program.]

[Study Abroad Interruption: reimburses [25%] of the Study Abroad program fees, up to [\$5,000], if you are unable to complete the Study Abroad program requirements. A Physician must certify that you are unable to complete the Study Abroad program requirements due to accidental bodily injury, sickness or Loss of Life. The Benefit Amount for Study Abroad Interruption will not reimburse: 1) application fees; 2) confirmation deposits; 3) insurance fees; or 4) any expense for personal travel or sight-seeing tours that is unrelated to the study program.]

[Study Abroad Interruption Ticket Reimbursement: reimburses up to [\$1,000] for a round-trip economy-class airline ticket, if the you are forced to interrupt your Study Abroad due to the accidental bodily injury, sickness or Loss of Life of an immediate family member. This benefit is only payable if all of the following conditions are met: 1) The accidental bodily injury, sickness or Loss of Life of your immediate family member occurs during the Policy Period; 2) At least [30] days remain in your Study Abroad program; 3) The interruption in your Study Abroad program is less than [30] days; and 4) All arrangements for travel are made by Our assistance services administrator. We will not pay more than [\$2,000] in any Policy Period regardless of the number of Study Abroad Interruption Ticket Reimbursement claims incurred in that Policy Period.]

EXCLUSIONS

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing the insurance. In addition no benefits will be paid for any loss caused by or resulting from any of the following: 1) the Insured Person entering, or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency. [2] the Insured Person's participation in scuba diving to depths of more than 100 feet; skydiving; hang-gliding or para-gliding; parascending other than over water; bungee jumping; mountaineering or rock climbing normally requiring the use of guides or ropes; or caving.] [3] the Insured Person's commission or attempted commission of a felony or being engaged in an illegal occupation.] [4] any loss or occurrence while the Insured Person is incarcerated after conviction.] [5] [the Insured Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.] [6] the Insured Person being intoxicated, while operating a motorized vehicle at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.] [7] the Insured Person being under the SSA 5000-DOC

influence of any narcotic or other controlled substance at the time of a loss. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.] [8] an Insured Person operating a motor vehicle without the required license to operate such vehicle in the jurisdiction where the Accident occurs.] [9] the Insured Person being in, entering, or exiting any aircraft: i) owned, leased or operated by the Policyholder or on the Policyholder's behalf; or ii) operated by an employee of the Policyholder on the Policyholder's behalf. [10] the Insured Person being engaged in or participating in [professional][club][intercollegiate] or [interscholastic] sports. [11] the Insured Person being engaged in or participating in a motorized vehicular race or speed contest.] [12] the Insured Person traveling or flying on any rocket propelled or rocket launched conveyance.] [13] the Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first [sixty (60)] consecutive days of active military service with the armed forces of any country or established international authority. [14] the Insured Person traveling or flying on any aircraft that is in a category listed by the Federal Aviation Administration as requiring a Special Airworthiness Certificate. This exclusion applies regardless of whether or not the Special Airworthiness Certificate has been issued and regardless of whether the Insured Person is on such aircraft within or outside of the United States of America. However, this exclusion does not apply to an aircraft that is in a category listed by the Federal Aviation Administration as requiring a Primary Special Airworthiness Certificate.] [15] the Insured Person's suicide, attempted suicide or intentionally self-inflicted injury. [16] war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.

DEFINITIONS

Accident means a sudden, unforeseen, and unexpected event which 1) happens by chance, 2) arises from a source external to the Insured Person, 3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof, 4) occurs while the Insured Person is insured under this policy which is in-force, and 5) is the direct cause of loss. **Baggage Delay** means a delay or misdirection of the Insured Person's property by a Common Carrier for more than [twelve (12)] hours from the time the Insured Person arrives at the destination on the Insured Person's ticket.] **Benefit Amount** means the amount stated which applies: 1) at the time of an Accident or Sickness during the policy period; 2) to an Insured Person; and 3) for an applicable Hazard. **Checked Baggage** means suitcases or other containers specifically designated for carrying personal property, for which a claim check has been issued to the Insured Person by a Common Carrier. **Common Carrier** means any motorized land, water or air Conveyance, operated by an organization other than the Policyholder, organized and licensed for transportation of passengers for hire and operated by an employee or an individual under contract. Common Carrier does not include any Conveyance used for recreational purposes.] **Conveyance** means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.] **Covered Expenses** means: **A. with respect to medical evacuation** the cost for: 1) a land, water or air Conveyance, required to transport the Insured Person during a medical evacuation; and 2) medical supplies and services which are: a) ordered or prescribed by an attending Physician; and b) are, in the opinion of an attending Physician, necessarily incurred in connection with the Insured Person's medical evacuation. **B. with respect to repatriation** the cost for: 1) repatriation of the Insured Person; and 2) medical supplies and services which: are ordered or prescribed by an attending Physician; and b) are, in the opinion of an attending Physician, necessarily incurred in connection with the Insured Person's repatriation; or c) are necessary for embalming, cremation, transportation and purchase of a shipping container as required by applicable law or regulation. **C. with respect to security evacuation** the cost for: 1) a land, water or air Conveyance, required to transport the Insured Person from the country about which the Travel Warning has been issued to the nearest place of safety; 2) temporary lodging in the nearest place of safety for up to fourteen (14) days; and 3) the cost for a land, water or air Conveyance, incurred within fourteen (14) days of the initial security evacuation, required to transport an Insured Person from the nearest place of safety to one of the following i) the Insured Person's domicile or permanent residence; ii) the country in which the Insured Person is Studying Abroad, if return is safe and permitted; or the U.S. location of the college or university at which the Insured Person is enrolled. **D. with respect to natural disaster evacuation** the cost for: 1) the cost for a land, water or air Conveyance, required to transport the Insured Person from the country in which the natural disaster has occurred to the nearest place of safety; 2) the costs for temporary lodging in the nearest place of safety for up to fourteen (14) days; and 3) the cost for a land, water or air Conveyance, incurred within fourteen (14) days of the initial natural disaster evacuation, required to transport the Insured Person from the nearest place of safety to one of the following locations: a) the Insured Person's domicile or permanent residence; b) the country in which the Insured Person is Studying Abroad, if return is safe and permitted; or the U.S. location of the college or university at which the Insured Person is enrolled. **Hospital** means a public or private institution which 1) is licensed in accordance with the laws of the jurisdiction where it is located, 2) is accredited by the Joint Commission on Accreditation of Hospitals, 3) operates for the reception, care and treatment of sick, ailing or injured persons as in-patients, 4) provides organized facilities for diagnosis and medical or surgical treatment, 5) [provides 24-hour nursing care, 6) has a Physician or staff of Physicians, and 7) is not primarily a day clinic, rest or convalescent home, assisted living facility or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts.

Insured Person means a person, qualifying as a Class member: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid. **Loss** means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Loss of Speech, Loss of Thumb and Index Finger. Loss must occur within one year after the Accident. **Loss of Foot** means the complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hand** means complete severance, as determined by a Physician, of at least four fingers at or above the metacarpal phalangeal joint on the same hand or at least three fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Loss of Hearing** means permanent, irrecoverable and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician. **Loss of Life** means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident. **Loss of Sight** means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Sight of One Eye** means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician. **Loss of Speech** means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician. **Loss of Thumb and Index Finger** means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation. **Medical Expense** means the reasonable and customary charges for medical services for the care and treatment of sickness or accidental bodily injuries. **Physician** means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include 1) the Insured Person, 2) an immediate family member[, 3) the Insured Person's employer or business partner, or 4) the Policyholder]. **Policyholder** means [ABC University]. **Study Abroad** means participating in educational or research activities which: 1) take place outside of the 50 United States or the District of Columbia; 2) are supervised, sponsored or approved by the U S college or university at which the Insured Person is enrolled; and are for periods of less than 365 days. Study Abroad includes personal travel or sight-seeing which occurs during the Study Abroad program period.] [Study Abroad also includes any personal travel or sight-seeing that occurs [one (1) week] [before] [or] [after] the Study Abroad program [begins] [or] [ends]. **Travel Warning** means the United States Department of State advises U.S. citizens to depart the country while the Insured Person is traveling in that country . **We, Us and Our** means Federal Insurance Company.

[BENEFICIARY]

The Loss of Life benefit will be paid to the beneficiary designated by the Insured Person. If no such designation has been made, the benefit will be paid to the first surviving party in the following order: a) the Insured Person's spouse or domestic partner, b) in equal shares to the Insured Person's children, c) in equal shares to the Insured Person's parents, d) in equal shares to the Insured Person's brothers and sisters, e) the Insured Person's estate. . All other benefits will be paid to the Insured Person or the Insured Person's designee, or unless otherwise noted.]

CLAIM PROVISIONS

Claim Notice: Written Claim Notice must be given to Us or any of Our brokers or appointed agents within 20 days after the occurrence or commencement of any loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the Insured Person and Policyholder. Failure to give Claim Notice within 20 days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible. **Claim Forms**: When We receive notice of a claim, We will send the Insured Person or the Insured Person's designee, within 15 days, forms for giving Proof of Loss to Us. If the Insured Person or the Insured Person's designee does not receive the forms, then the Insured Person or an Insured Person's designee should send Us a written description of the loss. This written description should include information detailing the occurrence, type and extent of the loss for which the claim is made. **Claim Proof of Loss**: Complete proof of loss must be given to Us within [90 days] after the date of loss, or as soon as reasonably possible. Failure to give complete proof of loss within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one year after the deadline to submit complete proof of loss, except in cases where the claimant lacks legal capacity. **Claim Payment**: We will pay the Insured Person or beneficiary the applicable Benefit Amount within 60 days after We receive complete proof of loss if the Insured Person, the Policyholder and the beneficiary, where applicable, have complied with all the terms of this policy.

HOW TO FILE A CLAIM

To obtain a claim form contact the Policy Administrator or go to Our website (www.chubb.com), click on "Report a Loss", click on "accident and Health", select the appropriate claim form and print. Complete all items on the required claim form, attach all appropriate documents, and mail or fax to: CHUBB GROUP OF INSURANCE COMPANIES, CLAIMS SERVICE CENTER, 600 INDEPENDENCE PARKWAY, P.O. BOX 4700, CHESAPEAKE, VA 23327-4700, Fax Number 1-800-300-2538.

GOVERNING JURISDICTION AND CONFORMANCE WITH STATUTES

Any terms of this Description of Coverage which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which this Description of Coverage is delivered are amended to conform to the statutes, laws or regulations of the jurisdiction

CONSUMER INFORMATION NOTICE

Policyholder Service Office of Federal Insurance Company

Address: <administrator's name if company not handling Policyholder Service>
<mailing address>

Telephone Number: <toll-free number if available>

Agent (to be completed at time of application)

Name of Agent: _____

Address: _____

Telephone Number: _____

If we at Federal Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department

Consumer Services Divisions

1200 West Third Street
Little Rock, Arkansas 72201-1904
Phone: (501) 371-2640



Endorsement**Change**

Effective Date: [01-01-02]

Policy Number: [1234-56-7890]

Policyholder: [ABC, Inc.]

Policy Period: [01-01-02 to 01-01-03]

Name of Company: **Federal Insurance Company**

Issue Date: [12-01-02]

It is agreed that the Policy is amended as follows:

[Only approved wording will be used to add benefits to the contract.]

[
All other terms and conditions of the policy remain unchanged.

A handwritten signature in black ink, consisting of a large, stylized 'P' followed by several vertical strokes and a circular flourish at the end.

Authorized Representative



FEDERAL INSURANCE COMPANY
[202 Hall's Mill Road, PO Box 1600, Whitehouse Station, New Jersey 08889]

APPLICATION FOR INSURANCE

APPLICATION IS HEREBY MADE TO FEDERAL INSURANCE COMPANY
FOR A POLICY OF GROUP INSURANCE AS PER THE PROPOSAL,
DATED _____.

POLICYHOLDER: [_____]

ADDRESS: [_____]
STREET CITY STATE ZIP

THIS POLICY SHALL BE MADE EFFECTIVE AT 12:01 A.M. STANDARD
TIME ON [_____] AT THE STATED ADDRESS OF THE
POLICYHOLDER.

Date

Signature for Policyholder

Company Authorized Representative

Fraud Warning Notices

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or Insured Person.

Notice to Arkansas, Louisiana Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Maryland and Rhode Island Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

Notice to Maine, Tennessee and Virginia Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to District of Columbia WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant

Notice to Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

Notice to Kentucky Applicants: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to New York and Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to: a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation (in New York) or criminal and civil penalties (in Pennsylvania).

Notice to Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

SERFF Tracking Number:	CHUB-126766728	State:	Arkansas
Filing Company:	Federal Insurance Company	State Tracking Number:	46554
Company Tracking Number:	10 AP-5 F		
TOI:	H19G Group Health - Travel	Sub-TOI:	H19G.000 Health - Travel
Product Name:	Study Abroad		
Project Name/Number:	Study Abroad/10-AP-5 F		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/03/2010
Comments: Please see atached		
Attachments: Readability for Policy forms.pdf Readability for DOC.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Application	Approved-Closed	09/03/2010
Comments: Please see attached		
Attachment: Group Application SSA 3000 _ED 7 2010_ .pdf		



Certificate of Readability

Name of Company: **FEDERAL INSURANCE COMPANY, NAIC #20281**

This is to certify that the forms listed on the attached page(s) have attained the minimum readability score.

OPTION SELECTED

- ☒ Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is 60
- ☐ Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below:

TEST OPTION SELECTED

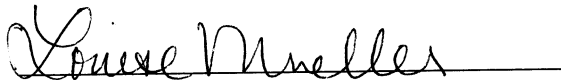
- ☒ Test was applied to entire policy form(s).
- ☐ Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

STANDARD FOR CERTIFICATION

A checked block indicates the standard has been achieved.

- ☒ The policy text achieves a minimum score of 50 on the Flesch reading ease test in accordance with the option chosen in Section A above.
- ☒ It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
- ☒ The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- ☒ The section titles are captioned in bold face type or otherwise stand out, significantly from the text.
- ☒ Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- ☒ The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

The table of contents or an index of the principle sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than three (3) pages.)


Louise Mueller
Assistant Vice President

Date



Certificate of Readability

Name of Company: **FEDERAL INSURANCE COMPANY, NAIC #20281**

This is to certify that the forms listed on the attached page(s) have attained the minimum readability score.

OPTION SELECTED

- ☒ Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is 50
- ☐ Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below:

TEST OPTION SELECTED

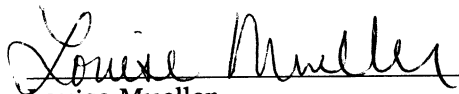
- ☒ Test was applied to entire policy form(s).
- ☐ Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

STANDARD FOR CERTIFICATION

A checked block indicates the standard has been achieved.

- ☒ The policy text achieves a minimum score of 50 on the Flesch reading ease test in accordance with the option chosen in Section A above.
- ☒ It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
- ☒ The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- ☒ The section titles are captioned in bold face type or otherwise stand out, significantly from the text.
- ☒ Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- ☒ The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

The table of contents or an index of the principle sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than three (3) pages.)


Louise Mueller
Assistant Vice President

Date



APPLICATION IS HEREBY MADE TO FEDERAL INSURANCE COMPANY
FOR A POLICY OF GROUP INSURANCE AS PER THE PROPOSAL,
DATED _____.

ADDRESS: [_____]

STREET CITY STATE ZIP

THIS POLICY SHALL BE MADE EFFECTIVE AT 12:01 A.M. STANDARD TIME ON [_____] AT THE STATED ADDRESS OF THE POLICYHOLDER.

Signature for Policyholder



Company Authorized Representative

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or Insured Person.

Notice to Arkansas, Louisiana Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Maryland and Rhode Island Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

Notice to Maine, Tennessee and Virginia Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to District of Columbia WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant

Notice to Florida and Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

Notice to Kentucky Applicants: Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to New York and Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to: a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation (in New York) or criminal and civil penalties (in Pennsylvania).

Notice to Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

<i>SERFF Tracking Number:</i>	<i>CHUB-126766728</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federal Insurance Company</i>	<i>State Tracking Number:</i>	<i>46554</i>
<i>Company Tracking Number:</i>	<i>10 AP-5 F</i>		
<i>TOI:</i>	<i>H19G Group Health - Travel</i>	<i>Sub-TOI:</i>	<i>H19G.000 Health - Travel</i>
<i>Product Name:</i>	<i>Study Abroad</i>		
<i>Project Name/Number:</i>	<i>Study Abroad/10-AP-5 F</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/18/2010	Form	Study Abroad Policy	09/02/2010	Study Abroad - new policyArkansas.pdf (Superceded)



Study Abroad
Insurance Program
Issued by
Federal Insurance Company

for

University of XXX

[Producer: XYZ, Inc.]
[123 Any Street]
[Any town, Any State]
[Attn: John Smith]

Chubb Underwriting Office: [Federal Insurance Company]
[15 Mountain View Road]
[P O BOX 1615]
[Warren, New Jersey 07061-1615]

*Words and phrases that appear in **bold** print have special meanings and are defined in the Definitions section(s) of this policy. Defined terms include the plural.*

*Throughout this policy the words "**We**", "**Us**" and "**Our**" refer to the **Company** providing this insurance.*

PLEASE READ THIS POLICY CAREFULLY

SSA5000

TABLE OF CONTENTS

Insuring Agreement	3
Premium Summary	4
Schedule of Benefits.....	5
Hazards	10
Contract.....	11
Section I – Insurance	11
Section II – Eligibility, Effective Date and Termination	18
Section III - Extensions Of Insurance	18
Section IV - Maximum Payment for Multiple Losses and Multiple Benefits	19
Section V – General Exclusions and Limitations	20
Section VI – Definitions.....	22
Section VII – General Provisions	32

SSA5001

INSURING AGREEMENT

Section I

Chubb Group of Insurance Companies
15 Mountain View Road, P.O. Box 1615
Warren, New Jersey 07061-1615

Policyholder's Name and Address:

[University of XXX]
[123 Main Street]
[PO Box 123245]
[Town, State, USA]

Policy Number: [1234-56 - 7890]

Effective Date: [01 - 01 - 2010]

Anniversary Date: [January 1]

*Issued by the stock insurance company
indicated below:*

FEDERAL INSURANCE COMPANY

Incorporated under the laws of
INDIANA

SSA5002

Section II Policy Period and Company

Policy Period

From: [01 - 01 - 2010]

To: [01-01-2011]

12:01 A.M. standard time at the **Policyholder's** address shown in Section I of the Insuring Agreement.

This insurance is provided by the **Company** in consideration of payment of the required premium.

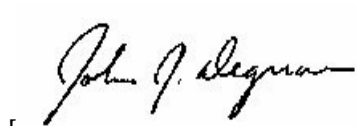
The insurance under this policy begins on the Effective Date shown in Section I of the Insuring Agreement. The insurance under this policy ends on the last day of the Policy Period shown in Section II of the Insuring Agreement.

The **Policyholder's** acceptance of this policy terminates any prior policy of the same policy number, effective with the inception of this policy.

Company

The **Company** issuing this policy has caused this policy to be signed by its authorized officers, but this policy shall not be valid unless also signed by a duly authorized representative of the **Company**.

FEDERAL INSURANCE COMPANY (Incorporated under the laws of Indiana)



[
President



Secretary



Authorized Representative]

[Countersigned by :

Licensed Resident Agent]

SSA5004

PREMIUM SUMMARY

Section I - Premium Due Date

[01 -01 - 2002]

Section II - Premium Payment

The **Policyholder** shown in Section I of the Insuring Agreement is responsible for the collection and remittance of all required premiums. Premiums are calculated and payable as follows:

[STUDY ABROAD INSURANCE]

Amount Due: [\$500][per **Insured Person** per] [semester] [month] [week] [trip]

Any premiums shown as subject to adjustment will be adjusted as stated in the Premium Provisions under Section VII - General Provisions of the Contract

SSA5006

SCHEDULE OF BENEFITS

Policyholder's Name:
[University of XXX]

*Chubb Group of Insurance Companies
15 Mountain View Road, P.O. Box 1615
Warren, New Jersey 07061-1615*

*Issued by the stock insurance company
indicated below:*
FEDERAL INSURANCE COMPANY
Incorporated under the laws of
INDIANA

SSA6000

Section I – Insured Persons and Hazards

The following are the **Insured Persons** under this policy:

<u>Class</u>	<u>Description</u>	<u>Hazard</u>
[1]	[All faculty members and students]	[Study Abroad Hazard]
[2]	[All faculty members and students]	[Home Leave Hazard]

SSA6002

If, subject to all the terms and conditions of this policy a person is eligible for insurance under multiple **Classes** of **Insured Persons** described above, then such person will only be insured under the **Class** which provides the **Insured Person** the largest **Benefit Amount** for the loss that has occurred.

SSA6004

Section II – Benefits

A) **Accidental** Death & Dismemberment

The following are **Principal Sums** for each **Class**:

Class	Principal Sum
[1]	[\$25,000]
[2]	[\$10,000]

The following are **Losses** insured and the corresponding **Benefit Amount** expressed as a percentage of the **Principal Sum**:

Accidental:	Benefits Amounts (Percentage of Principal Sum)
Loss of Life	[100%]
Loss of Speech and Loss of Hearing	[100%]
Loss of Speech and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	[100%]
Loss of Hearing and one of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	[100%]
Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	[100%]
Loss of Hand, Loss of Foot or Loss of Sight of One Eye (Any one of each)	[50%]
Loss of Speech or Loss of Hearing	[50%]
Loss of Thumb and Index Finger of the same hand	[25%]

This **Benefit Amount** is subject to Section IV – Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.
SSA6016

If an **Insured Person** has multiple **Losses** as the result of one **Accident**, then **We** will pay only the single largest **Benefit Amount** applicable to the **Losses** suffered, as described in Section IV - Maximum Payment For Multiple Losses and Multiple Benefits and Multiple Benefits of the Contract.
SSA6018

If more than one (1) **Insured Person** suffers a **Loss** in the same **Accident**, then **We** will not pay more than [\$2,000,000] per **Accident**. If an **Accident** results in **Benefit Amounts** becoming payable, which when totaled, exceed [\$2,000,000] then the [\$2,000,000] will be divided proportionally among the **Insured Persons**, based on each applicable **Benefit Amount**.
SSA6088

B) Medical Expense Benefits

[Medical Expense during Study Abroad

[Class] [1]

Maximum **Benefit Amount:** [\$500,000]

[Deductible:] [\$100]

[Coinsurance Percentage:	Company:	Insured Person:
[First \$25,000 of Medical Expenses]	[100%]	[0%]
[Remaining Medical Expenses up to the Maximum Benefit Amount:]	[75%]	[25%]]

[Chiropractic Maximum **Benefit Amount:**] [[\$50 per visit not to exceed [10] visits per Sickness or Accidental Bodily Injury]

[Dental Maximum **Benefit Amount:**] [\$1,000]

[Mental or Nervous Condition Maximum **Benefit Amount:**] [\$1,000]

[Orthopedic Appliance Maximum **Benefit Amount:**] [\$1,000]

[Physical Therapy Maximum **Benefit Amount:**] [\$1,000]

[Prescription Drugs Maximum **Benefit Amount:**] [\$1,000]

[Transportation Maximum **Benefit Amount:**] [\$1,000]

[The **Benefit Amounts** shown above for Chiropractic, Dental, Mental or Nervous Condition, Orthopedic Appliance, Physical Therapy, Prescription Drugs and Transportation are part of, and not in addition to, the Maximum **Benefit Amount** for **Medical Expense**. Payment of these **Benefit Amounts** reduces and does not increase the **Benefit Amount** for **Medical Expense**.]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

SSA6039]

[Evacuation and Repatriation during Study Abroad

[Class] [1]

Maximum **Benefit Amount:** [100%] of the Covered Expenses

Benefit Amount for Hospital Admission Guaranty: [\$5,000]

Benefit Amount for Family Travel Expense:

Maximum per Day: [\$300]

Maximum Number of Days: [7]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

SSA6056

[Accident Medical Expense during Home Leave

[Class] [2]

Maximum **Benefit Amount:** [\$10,000]

[Deductible:] [\$100]

Coinsurance Percentage:	Company:	Insured Person:
[First \$25,000 of Medical Expenses]	[100%]	[0%]
[Remaining Medical Expenses up to the Maximum Benefit Amount:]	[75%]	[25%]]

[Chiropractic Maximum **Benefit Amount:**] [[\$50 per visit not to exceed [5] visits per **Accidental Bodily Injury**]

[Dental Maximum **Benefit Amount:**] [\$1,000]

[Mental or Nervous Condition Maximum **Benefit Amount:**] [\$1,000]

[Orthopedic Appliance Maximum **Benefit Amount:**] [\$1,000]

[Physical Therapy Maximum **Benefit Amount:**] [\$1,000]

[Prescription Drugs Maximum **Benefit Amount:**] [\$1,000]

[Transportation Maximum **Benefit Amount:**] [\$1,000]

[The **Benefit Amounts** shown above for Chiropractic, Dental, Mental or Nervous Condition, Orthopedic Appliance, Physical Therapy, Prescription Drugs and Transportation are part of, and not in addition to, the **Benefit Amount** for **Excess Accident Medical Expense**. Payment of these **Benefit Amounts** reduces and does not increase the **Benefit Amount** for **Excess Accident Medical Expense**.]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

SSA6040]

C) Additional Benefits

[Baggage Delay during Study Abroad

[Class] [1]

Daily **Benefit Amount:** [\$100]

Maximum Number of Days: [5]

[Maximum **Benefit Amount:** [\$1,500]]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.

SSA6092]

[Lost Checked Baggage during Study Abroad

[Class] [1]

Lost **Checked Baggage Benefit Amount:** [\$1,500]

[Jewelry and watches: [\$250]]

[Cameras, video recorders, digital, and other electronic equipment and their accessories: [\$250]]

[Computers and computer accessories: [\$1,000]]

[Prescription eye glasses and contact lenses: [\$500]]

[Maximum **Benefit Amount:** [\$1,500]]

[The **Benefit Amount** shown above for [Jewelry and watches] [Cameras, video recorders and other electronic equipment and accessories] [and] [Computers and computer accessories] are part of, and not in addition to, the **Benefit Amount** for **Checked Baggage** during **Study Abroad**.]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.
SSA6094]

[Study Abroad Cancellation

[Class] [1]

Benefit Amount: [\$5,000]]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.
SSA6096]

[Study Abroad Interruption

[Class] [1]

Benefit Amount: [\$5,000]]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.
SSA6098]

[Study Abroad Interruption Ticket Reimbursement

[Class] [1]

Benefit Amount: [\$1,000]]

Maximum **Benefit Amount:** [\$2,000]

This **Benefit Amount** is not subject to Section IV - Maximum Payment for Multiple Losses and Multiple Benefits, of the Contract.
SSA6100]

Insurance only applies for the **Classes, Hazards, Benefits** and **Losses** that are specifically indicated as insured.
SSA6090

HAZARDS

Study Abroad Hazard

Study Abroad Hazard means all circumstances, subject to the terms and conditions of this policy, arising from and occurring while an **Insured Person** is participating in a **Study Abroad** program.

SSA5542

[Home Leave Hazard

Home Leave **Hazard** means all circumstances, subject to the terms and conditions of this policy, arising from and occurring while an **Insured Person** is:

- 1) traveling back to the United States when such **Insured Person** is **Studying Abroad**;
- 2) traveling from the United States back to the country in which the **Insured Person** is **Studying Abroad**; and
- 3) temporarily in the United States while on break from **Studying Abroad**.

Home Leave is subject to a maximum of [thirty (30)] consecutive days.

SSA5544]

CONTRACT

SECTION I - INSURANCE

Subject to all the terms and conditions of this policy and the payment of required premium, **We** will provide the following insurance.

Accidental Death and Dismemberment

We will pay the applicable **Benefit Amount**, shown in Section II-A of the Schedule of Benefits, if an **Accident** results in a covered **Loss** not otherwise excluded. The **Accident** must result from an insured **Hazard** and occur while an **Insured Person** is insured under this policy, while it is in force. The covered **Loss** must occur within one (1) year after the **Accident**.

SSA5010

[Accident Medical Expense during Home Leave]

We will reimburse up to the **Benefit Amount** for **Accident Medical Expense** during Home Leave, shown in Section II-B of the Schedule of Benefits, if **Accidental Bodily Injury** causes an **Insured Person** to first incur **Medical Expenses** for care and treatment within [thirty (30) days] after an **Accident**. The **Benefit Amount** for **Accident Medical Expense** during Home Leave is payable only for **Medical Expenses** incurred while the individual is an **Insured Person** under this policy.

[The **Benefit Amount** for **Accident Medical Expense** during Home Leave is payable on an excess basis.] **We** will determine the **Reasonable and Customary Charge** for the covered **Medical Expense**. [We will then reduce that amount by amounts already paid or payable by any **Other Plan**.] **We** will pay the resulting amount, [less the deductible] [and] [at the coinsurance percentage shown in Section II-B of the Schedule of Benefits] for **Accident Medical Expense** during Home Leave. In no event will **We** pay more than the **Benefit Amount** for **Accident Medical Expense** during Home Leave shown in Section II-B of the Schedule of Benefits. The deductible, shown in Section II-B of the Schedule of Benefits, applies separately to each **Insured Person** and each **Accident**.

The **Benefit Amount** for **Accident Medical Expense** during Home Leave is payable in addition to any other applicable **Benefit Amounts** under this policy.

[Payment of the **Benefit Amount** for **Accident Medical Expense** during Home Leave is subject to the following:

[Chiropractic Benefit Amount]

If, due to an **Accidental Bodily Injury**, an **Insured Person** requires chiropractic treatment, then **Our** payment for such treatment will not exceed the Chiropractic Maximum **Benefit Amount** shown in Section II-B of the Schedule of Benefits.]

[Dental Benefit Amount]

If, due to an **Accidental Bodily Injury**, an **Insured Person** requires dental care and treatment, then **Our** payment for such dental care and treatment will not exceed the Dental Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Mental or Nervous Condition Benefit Amount]

If, due to an **Accidental Bodily Injury**, an **Insured Person** requires treatment for a mental or nervous condition, then **Our** payment for such treatment will not exceed the Mental or Nervous Condition Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Orthopedic Appliance **Benefit Amount**

If, due to an **Accidental Bodily Injury**, an **Insured Person** is not **Hospital** confined and requires orthopedic appliances or braces, then **Our** payment for such appliances or braces will not exceed the Orthopedic Appliance Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Physical Therapy **Benefit Amount**

If, due to an **Accidental Bodily Injury**, an **Insured Person** is not **Hospital** confined and requires diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage or any form of physical therapy by a licensed physical therapist, then **Our** payment for such therapy will not exceed the Physical Therapy Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Prescription Drugs **Benefit Amount**

If, due to an **Accidental Bodily Injury**, an **Insured Person** requires prescription drugs, then **Our** payment for such prescription drugs will not exceed the Prescription Drugs Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Transportation **Benefit Amount**

If, due to an **Accidental Bodily Injury**, an **Insured Person** requires transportation to the nearest location where appropriate medical care and treatment can be provided, then **Our** payment for transportation expenses, including ambulance expenses, will not exceed the Transportation Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

In no event will **Our** total payment for an **Insured Person's** [chiropractic treatment,] [dental care and treatment,] [mental or nervous condition treatment,] [orthopedic appliances,] [physical therapy,] [prescription drugs,] [transportation] [and] **Medical Expense** exceed the **Benefit Amount** for **Accident Medical Expense** during Home Leave shown in Section II-B of the Schedule of Benefits.]

Limitation on **Accident Medical Expense** during Home Leave

The **Benefit Amount** for Excess **Accident Medical Expense** does not apply to charges and services:

- 1) for which an **Insured Person** has no obligation to pay;
- 2) for any injury where worker's compensation benefits, occupational injury benefits or Motor Vehicle Financial Responsibility law benefits are payable;
- 3) for treatment by a person employed or retained by the **Policyholder**;
- 4) for any injury occurring while fighting, except in self-defense;
- 5) for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice; or
- 6) for treatment involving conditions caused by **Repetitive Motion Injuries**, or cumulative trauma and not as the result of an **Accidental Bodily Injury**.

This insurance applies only to **Medically Necessary** charges and services.

SSA5030]

[Baggage Delay during Study Abroad

In the event of a **Baggage Delay** of [twelve (12) full hours], **We** will reimburse the **Insured Person** up to the **Baggage Delay** during **Study Abroad Daily Benefit Amount** shown in Section II-C of the Schedule of

Benefits. For each additional full twenty-four hour period that the **Insured Person's** baggage is delayed beyond the initial **Baggage Delay** of [twelve (12) full hours], **We** will reimburse up to the **Baggage Delay** during **Study Abroad** Daily **Benefit Amount** shown in Section II-C of the Schedule of Benefits. **Our** payment is limited to expenses incurred for the emergency purchase of essential items needed by the **Insured Person** while **Studying Abroad**. In no event will we reimburse for:

- 1) any expenses incurred after the baggage is returned to the **Insured Person**;
- 2) more than the Maximum Number of Days shown in Section II-C of the Schedule of Benefits for any single **Baggage Delay** claim; or
- 3) any expenses incurred in the United States.

Essential items not covered by the **Baggage Delay** during **Study Abroad** Benefit include:

- 1) contact lenses, eyeglasses or hearing aids;
- 2) artificial teeth, dental bridges or prosthetic devices;
- 3) tickets, documents, money, securities, checks, travelers checks, passports and other valuable papers.

We will not pay more than the Maximum **Benefit Amount** for **Baggage Delay** during **Study Abroad**, shown in Section II-C of the Schedule of Benefits, in any **Study Abroad** program period regardless of the number of **Baggage Delay** claims incurred in that period.

[The **Baggage Delay** during **Study Abroad** Benefit is excess of all other valid and collectible insurance.]
SSA5013]

[Evacuation and Repatriation during Study Abroad

A. Medical Evacuation or Repatriation

If an **Insured Person's** **Accidental Bodily Injury** or **Sickness** occurs while the **Insured Person** is **Studying Abroad** and requires the **Medical Evacuation** or **Repatriation** of the **Insured Person**, then **We** will pay the **Covered Expenses** for such **Medical Evacuation** or **Repatriation** up to the Maximum **Benefit Amount** for Evacuation and **Repatriation** during **Study Abroad**, shown in Section II-B of the Schedule of Benefits.

The **Medical Evacuation** or **Repatriation** must be ordered by a **Physician**, who certifies that the **Medical Evacuation** or **Repatriation** is necessary to prevent death or serious deterioration of the **Insured Person's** medical condition. The **Medical Evacuation** or **Repatriation** must be approved and arranged by **Our Assistance Services Administrator**.

B. Security Evacuation

If an **Insured Person** is **Studying Abroad** and requires a **Security Evacuation** then **We** will pay the **Covered Expenses** up to the Maximum **Benefit Amount** for Evacuation and **Repatriation** during **Study Abroad**, shown in Section II-B of the Schedule of Benefits. All arrangements must be approved and arranged by **Our Assistance Services Administrator**. **Security Evacuation** Expenses are not payable if an **Insured Person** is traveling in Iraq or Afghanistan.

C. Natural Disaster Evacuation

If an **Insured Person** is **Studying Abroad** and a **Natural Disaster** occurs in the area of the country in which such **Insured Person** is **Studying Abroad**, then **We** will pay the **Covered Expenses** up to the Maximum **Benefit Amount** for Evacuation and **Repatriation** during **Study Abroad**, shown in Section II-B of the Schedule of Benefits. All arrangements must be approved and arranged by **Our Assistance Services Administrator**.

D. Hospital Admission Guaranty

If an **Insured Person's Accidental Bodily Injury** or **Sickness** occurs while the **Insured Person** is **Studying Abroad** and requires **Emergency Medical Treatment**, then **We** will guarantee payment of the **Hospital Admission Guaranty** incurred for such **Emergency Medical Treatment** up to the **Benefit Amount** for **Hospital Admission Guaranty**, shown in Section II-B of the Schedule of Benefits. The **Assistance Services Administrator** must approve the **Hospital Admission Guaranty**.

E. Family Travel Expense

If an **Insured Person**:

- 1) suffers **Accidental Bodily Injury** or **Sickness** while **Studying Abroad** which requires a **Hospital** stay of more than [three (3)] days; or
- 2) is a victim of a **Felonious Assault** while **Studying Abroad**,

then **We** will pay the **Benefit Amount** for **Family Travel Expense**, shown in Section II-B of the Schedule of Benefits, if all of the following conditions are met:

- 1) All transportation arrangements for an **Immediate Family Member** are made by **Our Assistance Services Administrator** and are by the most direct and economical route; and
- 2) The family travel begins within [ten (10)] days of the hospitalization or **Felonious Assault**.

In no event will **We** pay more than the Maximum **Benefit Amount** for Evacuation and **Repatriation** during **Study Abroad** shown in Section II-B of the Schedule of Benefits. The **Benefit Amount** for Evacuation and **Repatriation** during **Study Abroad** is payable in addition to any other applicable **Benefit Amounts** under this policy.

Limitation on Evacuation and **Repatriation** during **Study Abroad**: the **Benefit Amount** for Evacuation and **Repatriation** during **Study Abroad** does not apply if the **Insured Person** is traveling against the advice of a **Physician**.

SSA5046]

[Lost Checked Baggage during Study Abroad

In the event of direct physical loss[,], [or] theft [or] [damage] to the **Insured Person's Checked Baggage** during **Study Abroad**, **We** will reimburse the **Insured Person** the cost to replace the **Checked Baggage** and the [personal property] [clothes and personal hygiene items] contained therein up to the **Benefit Amount** for **Lost Checked Baggage** during **Study Abroad** shown in Section II-C of the Schedule of Benefits.

The **Lost Checked Baggage Benefit Amount** is excess over any other insurance (including homeowners) or indemnity (including any reimbursements by the airline, cruise line, railroad, station authority, occupancy provider) available to the **Insured Person**.

[With respect to:

- 1) Jewelry and watches;
- 2) Cameras video recorders and other electronic equipment and their accessories;
- 3) Computers and computer accessories; and
- 4) Prescription eye glasses and contact lenses,

Our payment is limited to the **Benefit Amounts** shown in Section II-C of the Schedule of Benefits.]

In no event will **We** pay more than the Maximum **Benefit Amount** for Lost **Checked Baggage** during **Study Abroad**, shown in Section II-C of the Schedule of Benefits, in any **Study Abroad** program period regardless of the number of Lost **Checked Baggage** during **Study Abroad** claims incurred in that period.

Limitations on **Checked Baggage**

We will not reimburse the **Insured Person** for:

- 1) any items for which **We** reimbursed the **Insured Person** under the **Baggage Delay** during **Study Abroad** benefit, if applicable;
- 2) loss of documents or valuable papers, money, securities, tickets, checks, travelers checks or furs;
- 3) lost or stolen **Checked Baggage** unless the loss or theft was reported by the **Insured Person** to the **Common Carrier** within twenty-four (24) hours. Proof of submission to and reimbursement by the **Common Carrier** for the loss or theft must be provided;
- 4) any lost or stolen **Checked Baggage** if the **Common Carrier** has denied reimbursement of such bags.

SSA5017]

[**Medical Expense during Study Abroad**

We will reimburse up to the Maximum **Benefit Amount** for **Medical Expense** during **Study Abroad** shown in Section II-B of the Schedule of Benefits if:

- 1) **Accidental Bodily Injury** causes an **Insured Person** to first incur **Medical Expenses** for care and treatment of the **Accidental Bodily Injury** within [thirty (30) days] after an **Accident**; or
- 2) an **Insured Person** incurs **Medical Expenses** for care and treatment of a **Sickness** while such **Insured Person** is **Studying Abroad**.

The **Benefit Amount** for such **Medical Expense** during **Study Abroad** is payable for **Medical Expenses** incurred[:]

- [1)] while the individual is **Studying Abroad**[: and
- 2) during the [ninety (90) day] period after the individual returns to the United States].

[No benefits are payable for **Medical Expenses** that are incurred once an individual returns to the United States.]

The **Benefit Amount** is subject to the [deductible,] [coinsurance percentage] [and] Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits. [The deductible applies separately to each **Insured Person** and each **Accident**.] The **Benefit Amount** for **Medical Expense** during **Study Abroad** is payable in addition to any other applicable **Benefit Amounts** under this policy.

[Payment of the Maximum **Benefit Amount** for **Medical Expense** during **Study Abroad** is also subject to the following:

[Chiropractic **Benefit Amount**

If an **Insured Person** requires chiropractic treatment then **Our** payment for such treatment will not exceed the Chiropractic Maximum **Benefit Amount** shown in Section II-B of the Schedule of Benefits.]

[Dental **Benefit Amount**

If an **Insured Person** requires dental care and treatment because of dental pain or an **Accidental Bodily Injury**, then **Our** payment for such treatment will not exceed the Dental Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Mental or Nervous Condition **Benefit Amount**

If an **Insured Person** requires treatment for a mental or nervous condition, then **Our** payment for such treatment will not exceed the Mental or Nervous Condition Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Orthopedic Appliance **Benefit Amount**

If an **Insured Person** is not **Hospital** confined and requires orthopedic appliances or braces, then **Our** payment for such appliances or braces will not exceed the Orthopedic Appliance Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Physical Therapy **Benefit Amount**

If an **Insured Person** is not **Hospital** confined and requires diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage or any form of physical therapy by a licensed physical therapist then **Our** payment for such therapy will not exceed the Physical Therapy Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Prescription Drugs **Benefit Amount**

If an **Insured Person** requires prescription drugs, then **Our** payment for such prescription drugs will not exceed the Prescription Drugs Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

[Transportation **Benefit Amount**

If an **Insured Person** requires transportation to the nearest location where appropriate medical care and treatment can be provided, then **Our** payment for transportation expenses, including ambulance expenses, will not exceed the Transportation Maximum **Benefit Amount**, shown in Section II-B of the Schedule of Benefits.]

In no event will **Our** total payments for an **Insured Person's** [chiropractic treatment,] [dental care and treatment,] [mental or nervous condition treatment,] [orthopedic appliances,] [physical therapy,] [prescription drugs,] [transportation] [and] **Medical Expense** exceed the Maximum **Benefit Amount** for **Medical Expense** during **Study Abroad**, shown in Section II-B of the Schedule of Benefits.]

Limitation on **Medical Expense** during **Study Abroad**

The **Benefit Amount** for **Medical Expense** during **Study Abroad** does not apply to charges and services:

- 1) for which an **Insured Person** has no obligation to pay;
- 2) for any injury where worker's compensation benefits, occupational injury benefits or Motor Vehicle Financial Responsibility law benefits are payable;
- 3) for treatment by a person employed or retained by the **Policyholder**;
- 4) for any injury occurring while fighting, except in self-defense;
- 5) for treatment that is educational, experimental or investigational in nature or that does not constitute accepted medical practice; or
- 6) for treatment involving conditions caused by **Repetitive Motion Injuries**, or cumulative trauma and not as the result of an **Accidental Bodily Injury**;
- 7) if the **Insured Person** is traveling against the advice of a **Physician**.

This insurance applies only to **Medically Necessary** charges and services.

SSA5031]

[Study Abroad Cancellation]

We will reimburse the non-refundable and non-transferable **Study Abroad** program fees including but not limited to tuition and room and board, up to the **Benefit Amount** for **Study Abroad Cancellation** shown in Section II-C of the Schedule of Benefits, if an **Insured Person** has paid the program fees but is unable to **Study Abroad** due to such **Insured Person's Accidental Bodily Injury, Sickness or Loss of Life**. A **Physician** must certify that the **Insured Person** is unable to **Study Abroad** due to the **Accidental Bodily Injury, Sickness or Loss of Life**.

Limitation on **Study Abroad Cancellation**

The **Benefit Amount** for **Study Abroad Cancellation** will not reimburse:

- 1) Any fees that are reimbursable by the **Policyholder** or the **Study Abroad** program sponsor;
- 2) Application fees;
- 3) Confirmation deposits;
- 4) Insurance fees; or
- 5) Any expense for personal travel or sight-seeing tours that is unrelated to the study program.

SSA5069]

[Study Abroad Interruption]

We will reimburse [twenty-five percent (25%)] of the **Study Abroad** program fees, up to the **Benefit Amount** for **Study Abroad Interruption** shown in Section II-C of the Schedule of Benefits, if an **Insured Person** is unable to complete the **Study Abroad** program requirements due to such **Insured Person's Accidental Bodily Injury, Sickness or Loss of Life**. A **Physician** must certify that the **Insured Person** is unable to complete the **Study Abroad** program requirements due to the **Accidental Bodily Injury, Sickness or Loss of Life**.

Limitation on **Study Abroad Interruption**

The **Benefit Amount** for **Study Abroad Interruption** will not reimburse:

- 1) Application fees;
- 2) Confirmation deposits;
- 3) Insurance fees; or
- 4) Any expense for personal travel or sight-seeing tours that is unrelated to the study program.

SSA5071]

[Study Abroad Interruption Ticket Reimbursement]

We will reimburse the cost of a round-trip economy-class airline ticket for an **Insured Person**, up to the **Benefit Amount** for **Study Abroad Interruption Ticket Reimbursement** shown in Section II-C of the Schedule of Benefits, if such **Insured Person** is forced to interrupt his or her **Study Abroad** due to the **Accidental Bodily Injury, Sickness or Loss of Life** of the **Insured Person's Immediate Family Member**. This benefit is only payable if all of the following conditions are met:

- 1) The **Accidental Bodily Injury, Sickness or Loss of Life** of the **Insured Person's Immediate Family Member** occurs during the Policy Period;
- 2) At least [thirty (30)] days remain in the **Insured Person's Study Abroad** program;
- 3) The interruption in the **Insured Person's Study Abroad** program is less than [thirty (30)] days; and
- 4) All arrangements for travel are made by **Our Assistance Services Administrator**.

We will not pay more than the Maximum **Benefit Amount** for **Study Abroad** Interruption Ticket Reimbursement, shown in Section II-C of the Schedule of Benefits, in any Policy Period regardless of the number of **Study Abroad** Interruption Ticket Reimbursement claims incurred in that Policy Period.
SSA5073]

SECTION II – ELIGIBILITY, EFFECTIVE DATE AND TERMINATION

Eligibility

A person becomes insured under this policy if:

- 1) such person is a member of an eligible **Class of Insured Persons** as shown in Section I of the Schedule of Benefits; and
- 2) the required premium for such person has been paid.

SSA5080

Effective Date of Insurance for an **Insured Person**

Insurance for the **Study Abroad** Cancellation benefit becomes effective for an **Insured Person** on the latest of:

- 1) the effective date of this policy;
- 2) the date on which such person first meets the eligibility criteria as an **Insured Person**;
- 3) the date requested by the **Insured Person** on the enrollment form; or
- 4) the beginning of the period for which required premium is paid for such **Insured Person**.

Insurance for all other benefits under this policy becomes effective on the latest of:

- 1) the effective date of this policy;
- 2) the date on which such person first meets the eligibility criteria as an **Insured Person**;
- 3) the date requested by the **Insured Person** on the enrollment form;
- 4) the beginning of the period for which required premium is paid for such **Insured Person**;
or
- 5) the date the **Insured Person** departs for the **Study Abroad** program.

SSA5082

Termination of Insurance for an **Insured Person**

Insurance for an **Insured Person** automatically terminates on the earliest of:

- 1) the termination date of this policy;
- 2) the expiration of the period for which required premium has been paid for such **Insured Person**;
- 3) the date on which a person no longer meets the eligibility criteria as an **Insured Person**,

or if the **Study Abroad** program ends after the termination date of this policy, insurance ends on the date that the **Study Abroad** ends.

SSA5084

SECTION III - EXTENSIONS OF INSURANCE

Extensions of Insurance are subject to the provisions of Section I-Insurance of the Contract and all other policy terms and conditions.

Disappearance

If an **Insured Person** has not been found within one (1) year of the disappearance, stranding, sinking, or wrecking of any **Conveyance** in which an **Insured Person** was an occupant at the time of the **Accident**, then it will be assumed, subject to all other terms and conditions of this Policy, that an **Insured Person** has suffered **Loss of Life** insured under this policy.

SSA5088

Exposure

If an **Accident** resulting from an insured **Hazard** causes an **Insured Person** to be unavoidably exposed to the elements and as a result of such exposure an **Insured Person** has a **Loss**, then such **Loss** will be insured under this policy.

SSA5090

SECTION IV - MAXIMUM PAYMENT FOR MULTIPLE LOSSES AND MULTIPLE BENEFITS

For any **Benefit Amount** identified as subject to this provision in the Schedule of Benefits, payment of such **Benefit Amount** will reduce the **Principal Sum**. If, subject to all the terms and conditions of this policy, an **Insured Person** is entitled to receive payment of multiple **Benefit Amounts** as the result of one (1) **Accident**, then the maximum **We** will pay for all benefits shall not exceed the **Principal Sum**.

For any **Benefit Amount** identified as not subject to this provision in the Schedule of Benefits, payment of such **Benefit Amount** will be in addition to any **Principal Sum** payable under this policy.

If, subject to all the terms and conditions of this policy, an **Insured Person** suffers multiple covered **Losses** as the result of one (1) **Accident**, then **We** will only pay the single largest **Benefit Amount** applicable to all such covered **Losses**.

SSA5092

SECTION V – GENERAL EXCLUSIONS AND LIMITATIONS

The following exclusions apply to all benefits or **Hazards** under this policy. Additional exclusions, limitations or conditions may also apply to specific benefits or **Hazards**. Please read this entire policy carefully.

AIRCRAFT PILOT OR CREW

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person** entering, or exiting any aircraft while acting or training as a pilot or crew member.

This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.

SSA5098

[EXTREME SPORTS

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person's** participation in scuba diving to depths of more than 100 feet; skydiving; hang-gliding or para-gliding; parascending other than over water; bungee jumping; mountaineering or rock climbing normally requiring the use of guides or ropes; or caving.

SSA5099]

[ILLEGAL ACTS

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the **Insured Person's** commission or attempted commission of a felony or being engaged in an illegal occupation.

SSA5104]

[INCARCERATION

This insurance does not apply to any loss caused by or resulting from, directly or indirectly any occurrence while an **Insured Person** is incarcerated after conviction.

SSA5106]

[INTOXICATION

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the **Insured Person** being intoxicated, at the time of an **Accident**. Intoxication is defined by the laws of the jurisdiction where such **Accident** occurs.

SSA5108]

[INTOXICATION VEHICULAR

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the **Insured Person** being intoxicated, while operating a motorized vehicle at the time of an **Accident**. Intoxication is defined by the laws of the jurisdiction where such **Accident** occurs.

SSA5110]

[NARCOTIC

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the **Insured Person** being under the influence of any narcotic or other controlled substance at the time of a loss. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a **Physician**.

SSA5112]

[OPERATION OF A MOTOR VEHICLE WITHOUT A LICENSE

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person** operating a motor vehicle without the required license to operate such vehicle in the jurisdiction where the **Accident** occurs.

SSA5113]

OWNED AIRCRAFT, LEASED AIRCRAFT OR OPERATED AIRCRAFT

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person** being in, entering, or exiting any aircraft:

- 1) owned, leased or operated by the **Policyholder** or on the **Policyholder's** behalf; or
- 2) operated by an employee of the **Policyholder** on the **Policyholder's** behalf.

SSA5095

[PARTICIPATION IN ORGANIZED SPORTS

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person** being engaged in or participating in [professional][,] [club][,] [intercollegiate] [or] [interscholastic] sports.

SSA5115]

[PARTICIPATION IN A RACE OR SPEED CONTEST

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person** being engaged in or participating in a motorized vehicular race or speed contest.

SSA5114]

[ROCKET PROPELLED OR ROCKET LAUNCHED CONVEYANCE

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the **Insured Person** traveling or flying on any rocket propelled or rocket launched conveyance.

SSA5117]

SERVICE IN THE ARMED FORCES

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person** participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first [sixty (60)] consecutive days of active military service with the armed forces of any country or established international authority.

SSA5116

[SPECIALIZED AVIATION

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, the **Insured Person** traveling or flying on any aircraft that is in a category listed by the Federal Aviation Administration as requiring a Special Airworthiness Certificate. This exclusion applies regardless of whether or not the Special Airworthiness Certificate has been issued and regardless of whether the **Insured Person** is on such aircraft within or outside of the United States of America. However, this exclusion does not apply to an aircraft that is in a category listed by the Federal Aviation Administration as requiring a Primary Special Airworthiness Certificate.

SSA5118]

SUICIDE OR INTENTIONAL INJURY

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, an **Insured Person's** suicide, attempted suicide or intentionally self-inflicted injury.

SSA5120

WAR

This insurance does not apply to any loss caused by or resulting from, directly or indirectly, war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.

SSA5126

SECTION VI – DEFINITIONS

For the purpose of these definitions, the singular includes the plural and the plural includes the singular, unless otherwise noted.

Accident or Accidental

Accident or **Accidental** means a sudden, unforeseen, and unexpected event which:

- 1) happens by chance;
- 2) arises from a source external to an **Insured Person**;
- 3) is independent of illness, disease or other bodily malfunction or medical, surgical or diagnostic treatment thereof;
- 4) occurs while the **Insured Person** is insured under this policy which is in force; and
- 5) is the direct cause of loss.

SSA5600

Accidental Bodily Injury

Accidental Bodily Injury means bodily injury, which:

- 1) is **Accidental**;
- 2) the direct cause of a loss; and
- 3) occurs while an **Insured Person** is insured under this policy, which is in force.

Accidental Bodily Injury does not mean a **Repetitive Motion Injury**.

SSA5602

Assistance Services Administrator

Assistance Services Administrator means the organization that contracts with the **Company** to provide **Medical Evacuation** and **Repatriation** services to an **Insured Person**.

SSA5610

Baggage Delay

Baggage Delay means a delay or misdirection of the **Insured Person's** property by a **Common Carrier** for more than [twelve (12)] hours from the time the **Insured Person** arrives at the destination on the **Insured Person's** ticket.

SSA5611]

Benefit Amount

Benefit Amount means the amount stated in the Schedule of Benefits for this policy which applies:

- 1) at the time of an **Accident** or **Sickness**;
- 2) to an **Insured Person**; and
- 3) for the applicable **Hazard**.

SSA5612

Checked Baggage

Checked Baggage means suitcases or other containers specifically designated for carrying personal property, for which a claim check has been issued to the **Insured Person** by a **Common Carrier**.

SSA5627]

Class

Class means the categories of **Insured Persons** described in Section I of the Schedule of Benefits.

SSA5628

Common Carrier

Common Carrier means any motorized land, water or air **Conveyance**, operated by an organization other than the **Policyholder**, organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract.

SSA5644

Company

Company means Federal Insurance Company.

SSA5648

Conveyance

Conveyance means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction.

SSA5650

Covered Expenses

A. With respect to **Medical Evacuation**, **Covered Expenses** means the cost for:

- 1) a land, water or air **Conveyance**, required to transport an **Insured Person** during a **Medical Evacuation**. Special transportation by, but not limited to, air ambulances, land ambulances and private motor vehicles must:
 - a) be recommended by an attending **Physician**; and
 - b) comply with the standard regulations of the **Conveyance** transporting an **Insured Person**.

The means of transportation that is best suited to accommodate an **Insured Person**, based on the seriousness of an **Insured Person's** condition, will be used.

- 2) medical supplies and services which are:
 - a) ordered or prescribed by an attending **Physician**; and
 - b) are, in the opinion of an attending **Physician**, necessarily incurred in connection with the **Medical Evacuation** of an **Insured Person**.

B. With respect to **Repatriation**, **Covered Expenses** means the cost for:

- 1) **Repatriation** of an **Insured Person**; and
- 2) medical supplies and services which:
 - a) are ordered or prescribed by an attending **Physician**; and
 - b) are, in the opinion of an attending **Physician**, necessarily incurred in connection with **Repatriation** of an **Insured Person**; or
 - c) are necessary for embalming, cremation, transportation and purchase of a shipping container as required by applicable law or regulation.

C. With respect to **Security Evacuation**, **Covered Expenses** means:

- 1) the cost for a land, water or air **Conveyance**, required to transport an **Insured Person** from the country about which the **Travel Warning** has been issued to the nearest place of safety;
- 2) the costs for temporary lodging in the nearest place of safety for up to fourteen (14) days; and

- 3) the cost for a land, water or air **Conveyance**, incurred within fourteen (14) days of the initial **Security Evacuation**, required to transport an **Insured Person** from the nearest place of safety to one of the following locations:
 - a. the **Insured Person's** domicile or permanent residence;
 - b. the country in which the **Insured Person** is **Studying Abroad**, if return is safe and permitted; or
 - c. the U.S. location of the college or university at which the **Insured Person** is enrolled.

D. With respect to **Natural Disaster Evacuation**, **Covered Expenses** means the cost for:

- 1) the cost for a land, water or air **Conveyance**, required to transport an **Insured Person** from the country in which the **Natural Disaster** has occurred to the nearest place of safety;
- 2) the costs for temporary lodging in the nearest place of safety for up to fourteen (14) days; and
- 3) the cost for a land, water or air **Conveyance**, incurred within fourteen (14) days of the initial **Natural Disaster Evacuation**, required to transport an **Insured Person** from the nearest place of safety to one of the following locations:
 - a. the **Insured Person's** domicile or permanent residence;
 - b. the country in which the **Insured Person** is **Studying Abroad**, if return is safe and permitted; or
 - c. the U.S. location of the college or university at which the **Insured Person** is enrolled.

With respect to **Medical Evacuation**, **Repatriation**, **Security Evacuation** and **Natural Disaster Evacuation**, all transportation arrangements made for an **Insured Person** will be by the most direct and economical route. All **Covered Expenses** must be arranged by and receive the prior approval of **Our Assistance Service Administrator**.

Covered Expenses do not include those expenses incurred by an **Insured Person** for **Accidental Bodily Injury or Sickness**, which occurs while an **Insured Person** is:

- 1) traveling against the advice of a **Physician**; or
- 2) traveling for the purpose of obtaining medical treatment.

SSA5654

Domestic Partner

Domestic Partner means a person designated in writing by a **Insured Person** who is registered as a Domestic Partner or legal equivalent under laws of the governing jurisdiction or who:

- 1) is at least eighteen (18) years of age and competent to enter into a contract;
- 2) is not related to the **Insured Person** by blood;
- 3) has exclusively lived with the **Insured Person** for at least one (1) year prior to the date of enrollment;
- 4) is not legally married or separated; and
- 5) as of the date of enrollment, has with the **Insured Person** at least two (2) of the following financial arrangements:
 - a) a joint mortgage or lease;
 - b) a joint bank account;
 - c) joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or
 - d) a joint credit card account with a financial institution.

Neither the **Insured Person** nor the **Domestic Partner** can be married to, nor in a civil union with, anyone else.

SSA5666

Emergency Medical Treatment

Emergency Medical Treatment means **Hospital** treatment for a medical condition which:

- 1) arises suddenly and unexpectedly; and
- 2) if left untreated could result in **Loss of Life**, or in serious deterioration of an **Insured Person's** medical condition.

SSA5674

Family Travel Expense

Family Travel Expense means actual costs incurred by an **Immediate Family Member** for temporary lodging, transportation and meals while traveling to and from visits with an **Insured Person**.

SSA5678

[Felonious Assault

Felonious Assault means any willful and unlawful use of force by an individual against a **Insured Person** in connection with the commission, or attempted commission of robbery, theft, kidnapping, hostage taking, hijacking/skyjacking, assault, murder, manslaughter, riot, or insurrection. Such use of force must be a felony or the equivalent of a felony under any country, state, territory or local statutory or common law applicable in the jurisdiction where the **Felonious Assault** occurs.

SSA5680]

Hazard

Hazard means the circumstances for which this insurance is provided as stated in Section I of the Schedule of Benefits and described in the **Hazards** Section of this policy.

SSA5696

Hospital

Hospital means a public or private institution which:

- 1) is licensed in accordance with the laws of the jurisdiction where it is located;
- 2) is accredited by the Joint Commission on Accreditation of Hospitals;
- 3) operates for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- 4) provides organized facilities for diagnosis and medical or surgical treatment;
- 5) provides twenty-four (24 hour) nursing care;
- 6) has a **Physician** or staff of **Physicians** ; and
- 7) is not primarily a day clinic, rest or convalescent home, assisted living facility or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts.

SSA5712

Hospital Admission Guaranty

Hospital Admission Guaranty means any charge or expense made by a **Hospital** prior to and as a condition of an **Insured Person's** admission.

SSA5714

Immediate Family Member

Immediate Family Member means an **Insured Person's**:

- 1) **Spouse or Domestic Partner;**
- 2) children including adopted children or stepchildren;
- 3) legal guardians or wards;
- 4) siblings or siblings-in-law;
- 5) parents or parents-in-law;
- 6) grandparents or grandchildren;
- 7) aunts or uncles;
- 8) nieces and nephews.

Immediate Family Member also means a **Spouse's** [or **Domestic Partner's**] children, including adopted children or stepchildren; legal guardians or wards; siblings or siblings-in-law; parents or parents-in-law; grandparents or grandchildren; aunts or uncles; nieces or nephews.
SSA5716

Insured Person

Insured Person means a person, qualifying as a **Class** member under Section I of the Schedule of Benefits:

- 1) who elects insurance; or
- 2) for whom insurance is elected,
- 3) and on whose behalf premium is paid.

SSA5728

Leased Aircraft

Leased Aircraft means an aircraft not owned by the **Policyholder**, which is subject to a written lease agreement between the **Policyholder** and the lessor. The **Policyholder** uses the aircraft as it wishes for the term of the written lease agreement. The **Policyholder** cannot alter or sell the aircraft without the consent of the lessor. **Leased Aircraft** does not include aircraft which are chartered for single trips.

SSA5730

Loss

Loss means **Accidental**:

Loss of Foot
Loss of Hand
Loss of Hearing
Loss of Life
Loss of Sight
Loss of Sight of One Eye
Loss of Speech
Loss of Thumb and Index Finger

Loss must occur within one (1) year after the **Accident**.

SSA5732

Loss of Foot

Loss of Foot means the complete severance of a foot through or above the ankle joint. **We** will consider such severance a **Loss of Foot** even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then **We** will not pay an additional **Benefit Amount** for such amputation.

SSA5734

Loss of Hand

Loss of Hand means complete severance, as determined by a **Physician**, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. **We** will consider such severance a **Loss of Hand** even if the hand, fingers or thumb are later

reattached. If the reattachment fails and amputation becomes necessary, then **We** will not pay an additional **Benefit Amount** for such amputation.
SSA5736

Loss of Hearing

Loss of Hearing means permanent, irrecoverable and total deafness, as determined by a **Physician**, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a **Physician**.
SSA5738

Loss of Life

Loss of Life means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an **Accident**.
SSA5740

Loss of Sight

Loss of Sight means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a **Physician**.
SSA5742

Loss of Sight of One Eye

Loss of Sight of One Eye means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a **Physician**.
SSA5744

Loss of Speech

Loss of Speech means the permanent, irrecoverable and total loss of the capability of speech without the aid of mechanical devices, as determined by a **Physician**.
SSA5748

Loss of Thumb and Index Finger

Loss of Thumb and Index Finger means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a **Physician**. **We** will consider such severance a **Loss of Thumb and Index Finger** even if a thumb, an index finger or both are later reattached. If the reattachment fails and amputation becomes necessary, then **We** will not pay an additional **Benefit Amount** for such amputation.
SSA5750

Medical Evacuation

Medical Evacuation means the emergency transportation of an **Insured Person** from the location where such **Insured Person** is injured or becomes ill to the nearest **Hospital** where appropriate medical care and treatment can be provided.
SSA5756

Medical Expense

Medical Expense means the **Reasonable and Customary Charges** for **Medical Services** for the care and treatment of **Sickness** or **Accidental Bodily Injuries**.
SSA5752

Medically Necessary

Medically Necessary means a medical or dental service, supply or course of treatment which:

- 1) is ordered or prescribed by a **Physician**;
- 2) is appropriate and consistent with the patient's diagnosis;
- 3) is in accord with current accepted medical or dental practice; and
- 4) could not be eliminated without adversely affecting the patient's condition.

SSA5758

Medical Services

Medical Services means **Medically Necessary** services, including but not limited to:

- 1) medical care and treatment by a **Physician**;
- 2) **Hospital** room and board and **Hospital** care, both inpatient and outpatient;
- 3) drugs and medicines required and prescribed by a **Physician**;
- 4) diagnostic tests and x-rays prescribed by a **Physician**;
- 5) transportation of an **Insured Person** in an emergency transportation vehicle from the location where such **Insured Person** becomes injured to the nearest **Hospital** where appropriate medical treatment can be obtained;
- 6) dental care and treatment due to **Accidental Bodily Injury**;
- 7) physical therapy, including diathermy, ultrasonic, whirlpool or heat treatment, adjustment, manipulation, massage and the office visit associated with such therapy;
- 8) treatment performed by a licensed medical professional when prescribed by a **Physician**, if hospitalization would have been otherwise required;
- 9) rental of durable medical equipment;
- 10) artificial limbs and other prosthetic devices;
- 11) orthopedic appliances or braces.

SSA5760

[Natural Disaster

Natural Disaster means an event, including but not limited to wind storm, rain, snow, sleet, hail, lightning, dust or sand storm, earthquake, tornado, flood, volcanic eruption, wildfire or other similar event that results in severe damage such that the area in which the **Insured Person** is **Studying Abroad** is declared a disaster area by a competent governmental authority having jurisdiction.

SSA5762]

Operated Aircraft

Operated Aircraft means any aircraft not owned by the **Policyholder** but over which the **Policyholder** exercises control. **Operated Aircraft** includes an aircraft for which the **Policyholder** pays operating expenses.

SSA5768

Owned Aircraft

Owned Aircraft means any aircraft to which the **Policyholder** holds legal or equitable title.

SSA5772

Physician

Physician means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided.

Physician does not include:

- 1) an **Insured Person**;
- 2) an **Immediate Family Member**;

- 3) an **Insured Person's** employer or business partner; or
- 4) the **Policyholder**.

SSA5782

Policyholder

Policyholder means the entity identified in the Insuring Agreement.

SSA5786

Principal Sum

Principal Sum means the amount of insurance appearing in Section II-A of the Schedule of Benefits applicable to each **Class**.

SSA5792

Proof of Loss

Proof of Loss means written evidence acceptable to **Us** that an **Accident** or loss has occurred.

SSA5794

Reasonable and Customary Charge

Reasonable and Customary Charge means the lesser of:

- 1) the usual charge made by **Physicians** or other health care providers for a given service or supply; or
- 2) the charge **We** reasonably determine to be the prevailing charge made by **Physicians** or other health care providers for a given service or supply in the geographical area where it is furnished.

SSA5804

Repatriation

Repatriation means:

- 1) the transfer of an **Insured Person**, from the local **Hospital** where **Emergency Medical Treatment** is initially given to another **Hospital** or to an **Insured Person's** domicile or permanent residence; and
- 2) the necessary arrangements for the return of an **Insured Person's** remains to an **Insured Person's** domicile or permanent residence in the event of an **Insured Person's Loss of Life**.

SSA5810]

Repetitive Motion Injury

Repetitive Motion Injury means bursitis, stress fracture, strain, shin splints, Osgood Schlatter Disease, Chondromalacia; stress fractures; tendinitis; and Carpal Tunnel Syndrome.

SSA5609

Security Evacuation

Security Evacuation means the emergency transportation of an **Insured Person** from the location where such **Insured Person** is **Studying Abroad** to either the nearest place of safety or the **Insured Person's** domicile or permanent residence. The **Security Evacuation** must be due to:

- 1) the United States Department of State issuing a **Travel Warning**, for the country where the **Insured Person** is **Studying Abroad**; or

- 2) the government authorities in the country in which the **Insured Person** is **Studying Abroad** issuing a formal recommendation that such **Insured Person** or citizens of the United States should leave the country.

SSA5821

Sickness

Sickness means illness or disease which requires the attendance of a **Physician**. **Sickness** does not include:

- 1) acne or sebaceous cyst;
- 2) birth control;
- 3) elective termination of pregnancy; or
- 4) infertility treatment.

SSA5825

Spouse

Spouse means an **Insured Person's** husband or wife who is recognized as such by the laws of the jurisdiction in which the **Insured Person** resides.

SSA5828

Study Abroad or Studying Abroad

Study Abroad or **Studying Abroad** means participating in educational or research activities or participating in a class trip which:

- 1) take place outside of the 50 United States or the District of Columbia;
- 2) are supervised, sponsored or approved by the U.S. college or university at which the **Insured Person** is enrolled; and
- 3) are for periods of less than 365 days.

[**Study Abroad** includes personal travel or sight-seeing which occurs outside of the United States during the **Study Abroad** program period.] [**Study Abroad** also includes any personal travel or sight-seeing that occurs outside of the United States [one (1) week] [before] [or] [after] the **Study Abroad** program [begins] [or] [ends].

SSA5831]

Travel Warning

Travel Warning means the United States Department of State advises U.S. citizens to depart the country while the **Insured Person** is traveling in that country .

SSA5853

We, Us and Our

We, Us and **Our** means Federal Insurance Company.

SSA5860

SECTION VII – GENERAL PROVISIONS

BENEFIT ASSIGNMENT

An **Insured Person** may assign **Benefit Amounts** other than those for **Loss of Life**. Such assignment must be in writing, signed by the **Insured Person** and filed with the **Policyholder**. The assignment shall be provided to **Us** at the time of claim or at such other time as **We** may require. **We** do not assume the responsibility for the validity of any assignment.

SSA5154

[ARBITRATION

In the event of a dispute under this policy, either **We**, an **Insured Person**, or in the event of **Loss of Life**, an **Insured Person's** beneficiary, may make a written demand for arbitration. In that case, **We** and an **Insured Person**, or in the event of **Loss of Life**, an **Insured Person's** beneficiary, will each select an arbitrator. The two arbitrators will select a third. If they cannot agree within fifteen (15) days, then either **We**, an **Insured Person**, or in the event of **Loss of Life**, an **Insured Person's** beneficiary, may request that the choice of arbitrator be submitted to the American Arbitration Association. The arbitration will be held in the State of an **Insured Person's** principal residence.

Each participant shall bear the cost for arbitration and shall share equally in the cost of the umpire and the proceedings.

SSA5156]

BENEFICIARY

A) *Designation*

An **Insured Person** has the right to designate a beneficiary. All beneficiary designations must be:

- 1) in writing;
- 2) filed with the **Policyholder**; and
- 3) provided to **Us** at the time of claim or at such other time as **We** may require.

B) *Change*

The **Insured Person**, and no one else, unless there is an irrevocable assignment, has the right to change the beneficiary except as set forth above. The **Insured Person** does not need the consent of anyone to do so. All beneficiary changes must be:

- 1) in writing;
- 2) filed with the **Policyholder**; and
- 3) provided to **Us** at the time of claim or at such other time as **We** may require.

We do not assume any responsibility for the validity of these changes.

C) *Payment*

The **Benefit Amount** for covered **Loss of Life** will be paid to the beneficiary designated by an **Insured Person**. If an **Insured Person** has not chosen a beneficiary or if there is no beneficiary alive when the **Insured Person** dies, then **We** will pay the **Benefit Amount** for **Loss of Life** to the first surviving party in the following order:

- 1) the **Insured Person's Spouse [or Domestic Partner]**;
- 2) in equal shares to the **Insured Person's** surviving children;
- 3) in equal shares to the **Insured Person's** surviving parents;
- 4) in equal shares to the **Insured Person's** surviving brothers and sisters;

5) the **Insured Person's** estate.

All other **Benefit Amounts** are paid to the **Insured Person**, unless otherwise directed by an **Insured Person** or an **Insured Person's** designee, or unless otherwise noted in this policy.

If any beneficiary has not reached the legal age of majority, then **We** will pay such beneficiary's legal guardian.

SSA5158

CANCELLATION, NON-RENEWAL AND GRACE PERIOD

A) Grace Period

The **Policyholder** is entitled to a grace period of [thirty-one (31) days] from the premium due date for the payment of premium due. This policy will continue in force during the grace period. The grace period does not apply to the first premium payable during this policy term. Failure to pay the first premium on or before the due date will immediately terminate this policy as of inception. **We** are not required to provide notification of such termination.

SSA5160

B) Cancellation, Non-renewal

The **Policyholder** may cancel this policy, or any of its individual insurance benefits, by sending **Us** written notice stating when cancellation is to take effect. The effective date of cancellation may not be earlier than the date notice is postmarked or transmitted.

We may cancel this policy, or any of its individual insurance benefits, if the **Policyholder** fails to pay the premium within the grace period of [thirty-one (31) days] after the premium due date, except for the first premium due during the Policy Period. **We** will send written notice stating the effective date of cancellation, which will be no earlier than [thirty-one (31) days] after the premium due date.

We may cancel this policy, or any of its individual insurance benefits, for reasons other than nonpayment of premium by sending written notice stating when thereafter such cancellation shall take effect. If this is a multi-year policy, then **We** may cancel the policy, or any of its individual insurance benefits, by sending written notice at least [forty five (45) days] prior to the Anniversary Date shown in the Insuring Agreement.

We may nonrenew this policy by sending written notice at least [forty-five (45) days] before the expiration date of the Policy Period shown in the Insuring Agreement.

We will send notice of cancellation or nonrenewal to the **Policyholder** at its last known address. If the notice is mailed, proof of mailing will be considered proof of cancellation or nonrenewal.

The **Policyholder** is required to immediately provide notice of cancellation or nonrenewal to all **Insured Persons**.

The earned premium will be computed on a [pro-rata] basis. Any unearned premium will be returned to the **Policyholder** as soon as practicable.

SSA5162

CERTIFICATE

When required by law, **We** will issue to the **Policyholder** for delivery to the **Insured Person** a Certificate of Insurance. The Certificate of Insurance will describe the benefits, exclusions, limitations, and conditions of this policy and state to whom benefits are payable. Any subsequent changes to this policy will also apply to the existing Certificates of Insurance.

SSA5164

CHANGES

This policy can only be changed by a written endorsement that becomes a part of this policy. The endorsement must be approved by one of **Our** officers and signed by one of **Our** authorized representatives. No agent has the authority to change this policy or waive any of its provisions.

SSA5166

CLAIM NOTICE

Written Claim Notice must be given to **Us** or any of **Our** appointed producers within twenty (20) days after the occurrence or commencement of any loss covered by this policy or as soon as reasonably possible. Notice must include enough information to identify the **Insured Person** and **Policyholder**. Failure to give Claim Notice within twenty (20) days will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible.

SSA5170

CLAIM FORMS

When **We** receive notice of a claim, **We** will send the **Insured Person** or the **Insured Person's** designee, within fifteen (15) days, forms for giving **Proof of Loss** to **Us**. If the **Insured Person** or the **Insured Person's** designee does not receive the forms, then the **Insured Person** or an **Insured Person's** designee should send **Us** a written description of the loss. This written description should include information detailing the occurrence, type and extent of the loss for which the claim is made.

SSA5172

CLAIM PROOF OF LOSS

Complete **Proof of Loss** must be given to **Us** within [ninety (90)] days after the date of loss, or as soon as reasonably possible. Failure to give complete **Proof of Loss** within these time frames will not invalidate or reduce any otherwise valid claim if notice is given as soon as reasonably possible, and in no event later than one (1) year after the deadline to submit complete **Proof of Loss**, except in cases where the claimant lacks legal capacity.

SSA5174

CLAIM PAYMENT

We will pay the **Insured Person** or beneficiary the applicable **Benefit Amount** within sixty (60) days after **We** receive complete **Proof of Loss** if the **Insured Person**, the **Policyholder** and beneficiary, where applicable, have complied with all the terms of this policy.

SSA5176

CLAIM AND SUIT COOPERATION

In the event of a claim under this policy, the **Policyholder**, the **Insured Person** or the beneficiary, if applicable, must fully cooperate with **Us** in **Our** handling of the claim, including, but not limited to, the timely submission of all medical and other reports, and full cooperation with all physical examinations and autopsies that **We** may require. If **We** are sued in connection with a claim under this policy, then the **Policyholder**, the **Insured Person** or the beneficiary must fully cooperate with **Us** in the handling of such suit. The **Policyholder**, the **Insured Person** or the beneficiary must not, except at their own expense, voluntarily make any payment or assume any obligation in connection with any suit without **Our** prior written consent.

SSA5178

COMPLIANCE BY POLICYHOLDER AND INSURED PERSON

We have no duty to provide insurance under this policy unless the **Policyholder**, the **Insured Person** and the beneficiary, if applicable, have fully complied with all the terms and conditions of this policy.

CONCEALMENT OR FRAUD

Insurance under this policy is void if:

1. the **Policyholder** or any **Insured Person** has intentionally concealed or misrepresented any material fact relating to this policy before or after a loss;
2. the **Policyholder** or any **Insured Person** has intentionally concealed or misrepresented any material fact relating to a loss or
3. the **Policyholder** or any **Insured Person** files a false report of a loss.

SSA5165

CONFORMING TO TRADE SANCTION LAWS

This policy does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit **Us** from providing insurance.

SSA5171

ENTIRE CONTRACT AND APPLICATION

This policy, the **Policyholder's** application and the **Insured Person's** application, if any, together with the endorsements attached to this policy, constitute the entire contract of insurance. If an application is completed by the **Policyholder** or **Insured Person** in connection with this policy, then **We** will attach the application to the policy when the policy is issued.

SSA5182

EXAMINATION UNDER OATH

We have a right to examine under oath, as often as **We** may reasonably require, an **Insured Person**, the **Policyholder** or the beneficiary. **We** may also require the **Insured Person**, the **Policyholder** or the beneficiary to provide a signed description of the circumstances surrounding the **Loss** and their interest in the **Loss**. An **Insured Person**, the **Policyholder** and the beneficiary will also produce all records and documents requested by **Us** and will permit **Us** to make copies of such records or documents.

SSA5183

GOVERNING JURISDICTION AND CONFORMANCE WITH STATUTES

This policy is governed by the laws of the jurisdiction in which it is delivered to the **Policyholder**. Any terms of this policy which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which this policy is delivered are amended to conform to such statutes, laws or regulations. Any terms of a certificate which are in conflict with the applicable statutes, laws or regulations of the jurisdiction in which the certificate is delivered are amended to conform to the statutes, laws or regulations of the jurisdiction.

SSA5184

INADVERTENT ERROR

The insurance provided under this policy will not be prejudiced by the failure on the part of the **Policyholder** to transmit reports, collect and remit premium or comply with any of the terms and conditions of this policy when such failure is due to an inadvertent error or clerical mistake, provided that such inadvertent error or clerical mistake is corrected promptly upon discovery.

An inadvertent error or clerical mistake by **Us** or by the **Policyholder** may be corrected upon discovery with notice by the **Policyholder** to **Us** or by **Us** to the **Policyholder**.

SSA5186

INFORMATIONAL AND ADVERTISING MATERIAL

The **Policyholder** and its representatives must gain **Our** prior written approval of all material used for advertising and solicitation relating to this policy, regardless of the medium in which such material appears. **We** will not be responsible for any increase in payment or any changes in insurance resulting from such materials that have not been approved by **Us**.

SSA5188

LEGAL ACTION AGAINST **Us**

No legal action may be brought to recover on this policy until sixty (60) days after **We** have been given complete **Proof of Loss**. No such action may be brought after three (3) years from the time complete **Proof of Loss** is required to be given. No such action may be brought unless there has been full compliance with all of the terms of this policy.

In no case will **We** be liable for benefits that are not payable under the terms of this policy or that exceed the applicable **Benefit Amounts** or limits of insurance of this policy.

SSA5190

LIBERALIZATION

If **We** adopt any changes:

- 1) within forty-five (45) days prior to the policy effective date shown in the Insuring Agreement; or
- 2) during the Policy Period,

which broaden this insurance without an additional premium charge, then the **Insured Person** will automatically receive the benefit of the broadened insurance.

SSA5192

PHYSICAL EXAMINATION AND AUTOPSY

We have the right to have an **Insured Person** examined by a **Physician** approved by **Us**, as often as reasonably necessary while a claim is open. **We** may also have an autopsy done by a **Physician**, unless prohibited by law. Any examinations or autopsies that **We** require will be done at **Our** expense.

SSA5193

PREMIUM PAYMENT

The **Policyholder** will collect and remit to **Us** all premium due under this policy, subject to the grace period.

Premium is adjustable. The earned premium is calculated for each reporting period based on the applicable rates and exposures. The **Policyholder** must keep records of the information **We** need to calculate the premium and send **Us** copies of these records for each reporting period.

The earned premium will be computed on a [pro-rata] basis. Any unearned premium will be remitted to the **Policyholder** as soon as practicable.

SSA5196

PREMIUM PROVISIONS

The **Policyholder** will pay all required premium due under this policy, subject to the grace period. Annual Premiums and Deposit Premiums are due at the beginning of the Policy Period and each future Anniversary Date unless otherwise indicated on the Premium Summary.

If premiums are adjustable, then **We** will compute the earned premium for each audit reporting period based on the applicable rates and exposures. The **Policyholder** must keep records of the information **We** need to perform the adjustment and send **Us** copies at **Our** request.

If the policy is written subject to adjustment shown in the Premium Schedule, then the **Policyholder** must report to **Us** the complete information for the reporting period shown in the Premium Summary. The **Policyholder** must submit the reports within the specified number of days after the end of each Reporting Period.

At the earlier of the end of the Policy Period or the policy termination, earned premium will be determined based on the reported values or exposures. If the resulting earned premium is less than the Deposit Premium, if any, then **We** will return the excess to the **Policyholder**. If the resulting earned premium is greater than the Deposit Premium, if any, then **We** will bill the **Policyholder** for the additional premium. The **Policyholder** will pay **Us**, within thirty (30) days, any additional premium generated from the premium adjustment.

SSA5197

PREMIUM RATE CHANGE

We may change the premium rates for this policy on the Anniversary Date. **We** will give the **Policyholder** at least [forty-five (45)] days prior written notice of such change.

SSA5198

RECORDS AND AUDIT

We may examine the **Policyholder's** books and records relating to this policy at any reasonable time during the policy term and up to three (3) years after expiration of this policy or until final adjustment and settlement of all claims under this policy, whichever is later.

The **Policyholder** must maintain information pertaining to **Insured Persons** including but not limited to each **Insured Person's Benefit Amount, Class, Salary**, enrollment form, if any, and beneficiary designations or assignments.

SSA5204

STATEMENTS BY **POLICYHOLDER** OR **INSURED PERSON** AND INCONTESTABILITY

We will not use any statements, except fraudulent statements, made by the **Policyholder** or the **Insured Person** to void the insurance or reduce benefits payable under this policy, or to otherwise contest the validity of this policy, unless such statements are contained in a written document signed by the **Policyholder** or the **Insured Person**. If **We** rely on such statements for this purpose, then **We** will provide a copy of the written document to the **Policyholder**, the **Insured Person** or the **Insured Person's** designee or beneficiary, as appropriate.

We will consider all statements made by the **Policyholder** and the **Insured Person** to be representations and not warranties.

Except for nonpayment of premium, **We** will not use statements made by the **Policyholder** or the **Insured Person** regarding insurability to contest the validity of this policy when the statements are made more than two (2) years after this policy has been in force during the **Insured Person's** lifetime.

Nothing in this section will preclude **Us** from asserting at any time defenses based upon a claimant's ineligibility for insurance under this policy or upon any other policy provision or condition.

SSA5206

TITLES OF PARAGRAPHS

The titles of the various paragraphs of this policy and any endorsements attached to this policy are inserted solely for convenience of reference and do not limit or affect in any way the provisions to which they relate.

SSA5208

WORKERS' COMPENSATION

The benefits payable under this policy are not in lieu of and do not affect any requirement for workers' compensation insurance.

SSA5210

CONSUMER INFORMATION NOTICE

Policyholder Service Office of Federal Insurance Company

Address: <administrator's name if company not handling Policyholder Service>
<mailing address>

Telephone Number: <toll-free number if available>

Agent (to be completed at time of application)

Name of Agent: _____

Address: _____

Telephone Number: _____

If we at Federal Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Divisions
1200 West Third Street
Little Rock, Arkansas 72201-1904
Phone: (501) 371-2640